

## PERIOD OF AFFORDABILITY CERTIFICATION SAMPLE INCOME VERIFICATION (INITIAL LEASE-UP)

### **INCOME INFORMATION** (For all members of the household)

Please answer each of the following questions for each member of the household.

*For each question answered "Yes," please provide details in the chart below on page 3 and attach documentation of income (examples: W-2s, pay stubs, etc.)*

Does any member of your household:

- Yes No 1. Work full-time, part-time or seasonally?
- Yes No 2. Expect to work for any period during the next 12 months?
- Yes No 3. Work for someone who pays them cash?
- Yes No 4. Now receive or expect to receive unemployment benefits in the next 12 months?
- Yes No 5. Now receive or expect to receive workers compensation in the next 12 months?
- Yes No 6. Now receive or expect to receive student financial aid of any kind in the next 12 months?
- Yes No 7. Now receive or expect to receive veteran's benefits in the next 12 months?
- Yes No 8. Now receive or expect to receive military pay in the next 12 months?
- Yes No 9. Now receive or expect to receive income from self-employment in the next 12 months?
- Yes No 10. Now receive or expect to receive child support in the next 12 months?
- Yes No 11. Now receive or expect to receive alimony in the next 12 months?
- Yes No 12. Now receive or expect to receive FIP from Dept of Human Services (do not include food stamps)?
- Yes No 13. Now receive or expect to receive Social Security or disability benefits in the next 12 months?
- Yes No 14. Now receive or expect to receive income from a pension or annuity in the next 12 months?
- Yes No 15. Now receive or expect to receive regular contributions from anyone not living in the unit in the next 12 months?
- Yes No 16. Receive income from assets including interest or dividends on checking, savings accounts, CDs, bonds or stocks?
- Yes No 17. Do you own real estate? List address(es) \_\_\_\_\_
- Yes No 18. Do you receive income from rental property? List address(es) \_\_\_\_\_

### **ASSET INFORMATION** (For all members of the household)

Please answer each of the following questions for each member of the household.

*For each "yes" provide details in the chart below and attach documentation of assets (examples: bank statements, etc.)*

Does any member of your household have:

- Yes No 1. Cash in a checking account?
- Yes No 2. Cash in a savings account?
- Yes No 3. Cash value in a revocable trust?
- Yes No 4. Cash value in stock, bonds, treasury bills?
- Yes No 5. Cash value in Certificates of Deposit and/or Money Market Accounts?
- Yes No 6. Equity in rental property, farm land or other capital investment?
- Yes No 7. Value in an Individual Retirement Plan or Keogh Account?
- Yes No 8. Retirement and/or Pension Fund?
- Yes No 9. Now receive or expect to receive child support?
- Yes No 10. Insurance Settlement?
- Yes No 11. Mortgages or deeds of trust held?

(Note: Click on document to open in Excel format)

<b>Sample Format for Calculating Part 5 Annual Income</b>					
1. Name:			2. Identification:		
<b>ASSETS</b>					
Household Member	Asset Description			Actual Income from Assets	
3. Total Actual Income from Assets.....					\$0
<b>ANTICIPATED ANNUAL INCOME</b>					
Household Member	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
4. Totals	\$0	\$0	\$0	\$0	\$0
5. Total of items from 4a. through 4e is <i>Annual Income</i> .....					\$0

X \_\_\_\_\_ Date \_\_\_\_\_  
*Applicant Signature*

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 For Office Use Only  
 Household Income: \_\_\_\_\_  
 Income Level \_\_\_\_\_

\_\_\_\_\_  
*Signature of Certifying Staff*

I certify by signing below that the information provided in this document is complete, true and correct. I certify that information for each household member is provided, including all income and asset information.

I understand that the above information is being collected to determine eligibility under a Federal Community Development Block Grant (CDBG) funded project.

I authorize the city of \_\_\_\_\_ or its appointed representative to verify all information provided on this application and to contact current sources for credit and certification information which may be released to appropriate Federal, State, or local agencies.

I understand that additional information may be required to determine program eligibility.

I understand that if, in the next 12 months, any of the above information changes, I must notify the city of \_\_\_\_\_ and provide updated information.

I understand that if the city of \_\_\_\_\_ or its appointed representative determines my household income is above the 80% of the median household income, I am ineligible to receive assistance under the CDBG program.

I understand that if the city of \_\_\_\_\_ or its appointed representative determines my household income is above 80% of the median household income, and CDBG funds have been spent on the property, those funds must be repaid to the city of \_\_\_\_\_ immediately.

I understand that providing false statements or information is punishable under State and/or Federal law.

\_\_\_\_\_  
Applicant signature

Property address: \_\_\_\_\_