

HOUSEHOLD CERTIFICATION OF INCOME – TAX RETURN

LHTF or PBHP #								
HOUSEHOLD COMPOSITION								
Last Name	First Name	Middle Initial	Relationship to Head of Household*	Race	Ethnicity	Disabled	Date of Birth	Last 4 digits of SSN
1.			H					
2.								
3.								
4.								
5.								
6.								
7.								

*See instructions for guidance on filling out this Section.

IRS FORM 1040, LINE 11 ADJUSTED GROSS INCOME The household's most recent IRS Form 1040 must be attached to this certification.	\$ _____
ARE ALL ADULT HOUSEHOLD MEMBERS LISTED ABOVE INCLUDED ON THE ATTACHED IRS FORM 1040 TAX RETURN? If no, must complete separate income verification for all additional adult household members.	<input type="checkbox"/> Yes <input type="checkbox"/> No

In addition to providing IRS Form 1040, all adult household members must complete a self-certification affirming no changes to household composition or income have taken place or are expected to take place within the next 12 months.

The information on this form will be used to determine maximum income eligibility.

Under penalties of perjury, I certify that the information presented in this self-certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud.

Head of Household Signature

Date

STATE HOUSING TRUST FUND

Household Composition

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following coded definitions:

H	Head of Household	C	Child
S	Spouse	F	Foster child(ren)/adult(s)
A	Adult co-tenant	L	Live-in caretaker
O	Other family member	N	None of the above

Enter the date of birth, student status and last four digits of the Social Security Number of each occupant. If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the re-certification document.

Race:	5	Native Hawaiian/Other Pacific Islander	
1	White	6	Other
2	Black/African American	7	Choose not to respond
3	American Indian/Alaska Native	8	Native Hawaiian/Other Pacific Islander
4	Asian	9	Other
		10	Choose not to respond

Ethnicity:	Disabled*:		
1	Hispanic or Latino	1	Yes
2	Not Hispanic or Latino	2	No
3	Chose not to respond	3	Chose not to respond

*See Fair Housing Act for definition of handicap (disability)

http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201

Gross Annual Income

Income is determined on the annual gross income a household anticipates it will receive during the next 12 month re-certification period. All household members age 18 and older, persons under the age of 18 who are treated as adults because they are the head of household, or co-head/spouse, and unearned income of minor children must be included in order to establish annual income.

Both IRS Form 1040 showing Line 11 Adjusted Gross Income and the self-certification must be maintained with recipient files.

STATE HOUSING TRUST FUND

SELF-CERTIFICATION OF INCOME – TAX RETURN

I, _____, am an applicant for assistance through funding provided under the State Housing Trust Fund, a program funded by the state of Iowa and administered by the Iowa Finance Authority.

I hereby attest that:

- The IRS form 1040 that I have provided is an accurate reflection of current income for all adult members of my household; and
- My household income is expected to be substantially the same over the next 12 months; and
- No changes to my household composition have occurred or are expected to occur within the next 12 months.

I further understand and acknowledge that providing false, misleading, or incomplete information for the purpose of obtaining assistance through a state agency is a criminal offense.

Head of Household Signature

Date

Typed Name of Head of Household:

Adult Household Member 2 Signature

Date

Typed Name of Adult Household Member 2:

Adult Household Member 3 Signature

Date

Typed Name of Adult Household Member 3:

Adult Household Member 4 Signature

Date

Typed Name of Adult Household Member 4: