CITY OF SPOKANE MULTIFAMILY HOUSING PROGRAM

TENANT INCOME CERTIFICATION

To be completed annually by tenant(s) of each HOME unit

Project Name ________________________________

Tenant Name(s) ________________________________  Unit Number __________

List Tenant Paid Utilities ________________________  Monthly Rent __________

Number of persons in your household ____________  Single Parent Household? (YES / NO)

Disabled Family Member? (YES / NO)

HOUSEHOLD INCOME

A. What is your current gross annual income? $ ____________________

B. What is your source of income?

(Circle all that apply) Employment Social Security DSHS Pension SSI AFDC Other _______

C. Total value of all assets if over $5,000? (not including furniture or automobiles) $ __________

D. Total of all income derived from these assets, if any? (interest, rent, etc. received) $ __________

TENANT ETHNICITY & RACE: Voluntary reporting for statistical purposes only. Complete both sections.

- Ethnicity
  Hispanic or Latino ethnicity? _____ Yes _____ No

- Race - Please select one or more applicable race categories:
  ___ White ___ American Indian/Alaskan Native
  ___ Black/African American ___ Native Hawaiian/Other Pacific Islander
  ___ Asian ___ Black/African American & White
  ___ Asian & White ___ American Indian/Alaskan Native & Black/African American
  ___ Other ___ American Indian/Alaskan Native & White

CERTIFICATION:

I hereby certify, under penalty of perjury, that the above information is true and correct as of this date. I agree to provide source documentation upon request.

________________________________________  ________________________
Tenant Signature                           Date

City of Spokane
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