



City of Spokane  
Community Housing and  
Human Services Dept.  
808 W. Spokane Falls Blvd  
Spokane, WA 99201-3339  
(509) 625-6325

## ANNUAL TENANT INCOME CERTIFICATION

To be completed annually by tenant(s) of each  
HOME unit. All sections must be completed. If an  
item is not applicable, denote as N/A.

**Tenant Address** \_\_\_\_\_

**Tenant Name(s)** \_\_\_\_\_

**Unit Number** \_\_\_\_\_

**List Tenant Paid Utilities** \_\_\_\_\_

**Monthly Rent** \_\_\_\_\_

**Number of persons in your household** \_\_\_\_\_

**Single Parent Household?** (YES / NO)

**Number of persons that earn an income in your household** \_\_\_\_\_

**Disabled Family Member?** (YES / NO)

### HOUSEHOLD INCOME

A. What is your current total gross annual income of your household? \$ \_\_\_\_\_

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
  - \_\_\_\_\_ Black/African American
  - \_\_\_\_\_ Asian
  - \_\_\_\_\_ Asian & White
  - \_\_\_\_\_ Other
  - \_\_\_\_\_ American Indian/Alaskan Native
  - \_\_\_\_\_ Native Hawaiian/Other Pacific Islander
  - \_\_\_\_\_ Black/African American & White
  - \_\_\_\_\_ American Indian/Alaskan Native & Black/African American
  - \_\_\_\_\_ 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 Name**

\_\_\_\_\_  
**Tenant Signature and Date**

