

INITIAL/6th YEAR TENANT INCOME CERTIFICATION

To be completed by Owner/Manager for each HOME unit at tenant Initial Occupation and when Re-verification is required.



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

Prior to first occupancy and every 6th project year, tenants of HOME assisted units must complete an Income Verification form and **attach 2 months of supporting household income documentation**. Household income documentation includes award letters from SSI, SSA, child support, unemployment benefits and copies of paycheck stubs and/or W2 forms. All sections must be completed. If an item is not applicable, denote as N/A.

Project Name: _____ Project Address: _____

1 Lease Holder and Building Information

Type of Verification for Lease Holder/Tenant: Initial Verification _____ 6-year Re-verification _____

Name of Lease Holder/Tenant: _____

Unit: _____ Monthly Rent: _____ List Tenant Paid Utilities: _____

Move-in Date: _____ Move-out Date: _____ No. Bedrooms: _____

2 Household Member Information

Single Parent Household? (yes/no) Disabled Family Member? (yes/no) Total persons in household: _____

List all occupants of the unit starting with the head of household.

Member #	First Name	Last Name	Age	Sex	Special Needs
1 - HH					
2					
3					
4					
5					
6					
7					
8					

3 Household Gross Annual Income and Assets

List all sources of incomes for all occupants of the unit starting with the head of household.

Member #	Job(s)	Public Aid	SSI	Child Support	Income From Assets*	Other
1 - HH						
2						
3						
4						
5						
6						
7						
8						
Totals	\$	\$	\$	\$	\$	\$

*Identify the Type of Assets (i.e. checking/savings account, stocks, bonds, etc.)

Total Annual Household Income from all sources: _____

4 Determination of Household Eligibility

Use current HUD Rent and Income Tables or:

$$\frac{\text{Total annual household income}}{\text{Current 100\% AMI for total \# people in household}} \times 100 = \% \text{ AMI} =$$

The household qualifies for which income limit? (Check one)

Extremely Low-Income (30% AMI) ____ Very Low-Income (50% AMI) ____

Greater than 50% of Area Median Income ____ (*Notify Community Development*)

Does the household match the approved unit income limits for this project? Yes ____ No ____

5 Tenant Ethnicity and 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 |

6 Certification by all Parties

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.

Printed name of Head of Household

Printed name of Owner/Manager

Signature of Head of Household and Date

Signature of Owner/Manager and Date