

CONFIDENTIAL



City of Spokane
Planning & Economic Development
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TENANT INCOME VERIFICATION*

CITY OF SPOKANE

AFFORDABLE HOUSING PROGRAMS

To Be Completed by Tenant(s)/Occupant(s) of Each Unit

Tenant Name(s) _____ Unit _____

Monthly Rent _____ Average Monthly Utilities Paid by Tenant _____
Including electric, heating, water, sewer, garbage

Number of persons in your household (Related, unrelated, children, and adults) _____

Number of bedrooms in your household _____

Months per year unit is occupied _____

HOUSEHOLD INCOME

A. List total household current annual income from employment \$ _____

B. List total household current annual non-employment income \$ _____
from all other sources

NOTE: Non-Employment Income /assistance should include all household funds not attributed to employment, such as business income, unemployment, social security, rental assistance, investments, retirement, dependent support, financial aid, gifts, grant, stipends, student aid and loans, essentially all monies the household receives and uses to pay monthly household expenses.

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/Occupant Signature(s)

Date

***Return this form to your **onsite property manager:** _____, **by** _____.
The form will be included in the property's annual reporting to the City of Spokane to verify the qualifying affordable units, Thank you. ***

* SMC 8.15.090(A)(2)(b) and RCW 84.14.020(1)(ii)(B) requires income reporting for participation in the Multifamily Tax Exemption program for the purpose of program qualification. These records will be kept confidential by the City of Spokane and used for reporting purposes only.