**HOUSEHOLD INCOME CERTIFICATION TABLE - ALL FIELDS ARE REQUIRED**

**PLEASE ATTACH ONE OF THE FOLLOWING FORMS OF INCOME VERIFICATION FOR EVERY WORKING ADULT 18 YEARS OF AGE AND OLDER.**

* Most current year’s tax return, or
* **TWO** most recent & consecutive pay stubs, or
* A copy of another current document verifying income (i.e. Social Security letter, benefit letter, etc.)

**IF YOU REQUIRE ADDITIONAL SPACE, PLEASE USE THE BACK OF THIS PAGE OR MAKE A COPY OF THE TABLE.**

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| **HOUSEHOLD MEMBERS****List ALL Persons who live in this unit** | **RELATIONSHIP TO HEAD OF HOUSEHOLD** | **GENDER****M/F** | **AGE** | **ETHNICITY\*\*****See box below** | **HANDICAPPED****YES/NO** | **MONTHLY INCOME** | **ANNUAL INCOME FROM ASSETS** | **SOURCE OF INCOME+** |
|  | **First Name** | **Last Name** |
| 1 |  |  | **HEAD** |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |

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| **\*\* ETHINICITY BOX\*\* REQUIRED\*\*****(1) = AFRICAN AMERICAN****(2) = AMERICAN INDIAN OR ALASKAN****(3) = ASIAN OR ASIAN-AMERICAN****(4) = CAUCASIAN****(5) = HISPANIC****(6) = NATIVE HAWAIIAN OR PACIFIC ISLANDER** | By signing below, I certify under penalty of law that the information contained in this document is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for known violations. |
| **+ SOURCE OF INCOME****INDIVIDUALS WHO DO NOT WORK OR WHO ARE PAID “UNDER THE TABLE”, PLEASE ALSO FILL OUT THE SELF CERTIFICATION FORM PROVIDED . THIS FORM WILL SERVE AS YOUR PAYSTUB.** | **Print Name of****Head of Household**  |  |
| **Signature** |  |
| **Date** |  |