



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.

HOUSEHOLD MEMBERS List ALL Persons who live in this unit			RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	DISABILITY YES/NO (OPTIONAL)	MONTHLY INCOME	ANNUAL INCOME FROM ASSETS	SOURCE OF INCOME*
	First Name	Last Name						
1			HEAD					
2								
3								
4								
5								
6								
7								

***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 will serve as your form of paystub.

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.

**Print Name of
Head of Household**

Signature

Date



Help ensure we are meeting our goal to serve all people

These **OPTIONAL** questions will not affect your eligibility for housing in any way. Your individual answers are confidential and used only for statistical purposes.

Which best describes your ethnicity? (Select one)

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

Which best describes your race? (Select one)

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ White
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ American Indian/Alaskan Native and Black/African American
- ☐ American Indian/Alaskan Native and White
- ☐ Asian and White
- ☐ Black/African American and White
- ☐ Other/Multiracial

What is your gender? (Check one that best describes your current gender identity)

- ☐ Female
- ☐ Male
- ☐ Genderqueer/Gender Non-binary
- ☐ Trans Female
- ☐ Trans Male
- ☐ Not Listed-please specify: _____

How do you describe your sexual orientation or sexual identity? (Check one)

- ☐ Bisexual
- ☐ Gay/Lesbian/Same-Gender Loving
- ☐ Straight/Heterosexual
- ☐ Not Listed-please specify: _____