CERTIFICATION OF TIP INCOME

To be completed by any adult household member working in a service industry position where tip income is expected.

Household Name:		Unit	No
Development Name:			
Effective Date:	Initial C	Certification	Recertification
this Program requires	,understand that I have app d by the rules of the Housing Tax Crec me to certify all of my income, as lity AND that my employment status h	lit (HTC) program ssets and eligib	n. I further understand that ility information as part of
	ed as a (employ		(position) for
	do not receive tips or gratuities at t		
	are/ 🗌 are not reported to the emp		ies received.
	ge amount of unreported tips/gratuitie This amount		
	ry, I certify that the information prese dge. I further understand that providi		

the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date