

CERTIFICATION OF TIP INCOME

(To be completed by any adult household member working in a service industry position where tip income is expected. Form is to be utilized after management has documented failed attempts at a third-party verification of tips)

Household Name: _____ Unit No. _____
Development Name: _____

☐ Initial Certification Effective Date: _____
☐ Recertification Effective Date: _____

I, _____, understand that I have applied for occupancy at an Affordable Housing development governed by the rules of the Housing Tax Credit (HTC) program. I further understand that this Program requires me to certify all of my income, assets and eligibility information as part of determining my eligibility AND that my employment status has a direct impact on my eligibility. Thus, I hereby certify that:

☐ My employment does not generate any tip income. Explain below:

☐ My estimated weekly earnings in tips are \$_____, this amount will be pro-rated to determine my annual gross income.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to 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