

Self-Certification of Annual Income

This is a written statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income is set forth by HUD 24 CRF Part 5, IRS Form 1040, and the American Community Survey.

BENEFICIARY INFORMATION

Last Name: _____

MEMBER INFORMATION

First Names:	НН	СН	DIS	62+	S≥18	<18	<15

HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities; 62+ = Person 62 years of age or older; S≥18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years

CONTACT INFORMATION

Address Line 1:	City:	
Address Line 2:	State:	Zip Code:
INCOME INFORMATION Annual gross income (total of all members) = \$		
Form # Paul Bruhn App Rev	Page 1 of 2	1/23/2023





CERTIFICATION

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the Program Administrator.

HEAD OF HOUSEHOLD				
Signature	Printed Name	Date		

	OTHER BENEFICIARY A	DULTS*	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	
Signature	Printed Name	Date	

* Attach another copy of this page if additional signature lines are required.