



DENSITY BONUS PROGRAM INCOME CERTIFICATION FORMS OWNER/RENTER OCCUPIED UNITS

Project Name: _____

Project Address: _____

Date of Report: _____

This form must be used for all sales applications upon initiation of sale and annually for a seven-year period for each tenant in a rental project. The form does not apply to the cash contribution option.

Check One: Ownership Rental

Unit Number or Street Address: _____

Proposed Sale Price (attach Good Faith Estimate): \$ _____

Monthly Rent: \$ _____ Number Bedrooms: _____ Estimated Cost of Utilities (water, sewer, electric): \$ _____

Household Name: _____

Mailing Address: _____

City, State, Zip: _____ Phone: _____

A. Please list all members in your household, beginning with the head of household.

Household Member Number	Name	Social Security Number	Relationship to Head of Household	Age	Sex
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

B. Please list all income received by each member of household, such as gross wages, self-employment, benefits (Social Security, VA, Unemployment, Workmen's Compensation, Pension), child support, alimony, welfare.

Household Member Number	Types of Income (If wages, please list names and addresses of employers)	Gross Monthly Income
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

C. Please list all assets of each household member, such as checking accounts, savings accounts, C.D.'s, stocks, bonds, lots.

Household Member Number	Description of Assets	Present Balance of Value	% Rate of Int. of Div. Earned Yearly
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

I hereby swear and affirm that the above information I have provided is true and correct to the best of my knowledge.

Signature of Head of Household Date Signature of Spouse

.....
OFFICE USE ONLY – APPLICANT SHOULD NOT COMPLETE
.....

Household Size: _____ Household's gross yearly income: \$ _____

VERY LOW INCOME LOW INCOME MODERATE INCOME

Checked by: _____ Date: _____