



## City of Seattle Affordable Housing Incentive Programs Income Declaration Form (IDF)

**This section must be completed by the management staff or owner agent:**

Property Name: \_\_\_\_\_ Unit #: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Household Name: \_\_\_\_\_ Household Size: \_\_\_\_\_ AMI%: \_\_\_\_\_

Designation (MFTE, MHA, IZ, MFTE and IZ, MFTE and MHA, TRAO (50% AMI), Yesler Terrace, or other): \_\_\_\_\_

Certification type: ☐ Initial ☐ Recertification

**The following sections are to be completed entirely by the tenants:**

### Part 1: Household Composition

For household composition, please list the full name of each person, their date of birth (DOB, month/day/year), their relation to the Head of Household (HoH), and mark the checkbox if they are a full-time student over 18 years old and are currently enrolled full-time in a post-secondary school. Please include all members who you anticipate will live in the home at least 50% of the next 12 months. Income for live-in caretakers isn't counted.

1. Name: \_\_\_\_\_ Relation to HoH: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Income or Salary: \_\_\_\_\_ Full-time student? ☐ Yes ☐ No

2. Name: \_\_\_\_\_ Relation to HoH: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Income or Salary: \_\_\_\_\_ Full-time student? ☐ Yes ☐ No

3. Name: \_\_\_\_\_ Relation to HoH: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Income or Salary: \_\_\_\_\_ Full-time student? ☐ Yes ☐ No

4. Name: \_\_\_\_\_ Relation to HoH: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Income or Salary: \_\_\_\_\_ Full-time student? ☐ Yes ☐ No

5. Name: \_\_\_\_\_ Relation to HoH: \_\_\_\_\_  
DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Annual Income or Salary: \_\_\_\_\_ Full-time student? ☐ Yes ☐ No

**Parts 2 - 5** must be completed by each adult household member/applicant, including any household member who will be 18 years of age during the 12 months following the certification effective date. The Income Declaration Form is considered complete when all adult household members have fully disclosed all income sources and both parties have signed the document. Missing responses or unsigned documents may lead to audit deficiencies or findings. Any subsequent changes in income before move-in must be disclosed and can result in a reversal of eligibility determination, should the total household income be above the maximum allowable.

## Part 2: Income of Every Household Member

**Each adult household member** must complete the Income of every Household Member section. Adults must list all income for the next 12 months beginning on the anticipated date of move-in. Do not leave any yes or no boxes blank. Enter annual income amounts for all "yes" responses.

Name of household member: \_\_\_\_\_

1. I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation:

☐ Yes ☐ No Annual Gross Income: \_\_\_\_\_

2. I am presently employed at an additional job (not self-employed).

☐ Yes ☐ No Annual Gross Income: \_\_\_\_\_

3. I am self-employed (If yes, attach the most recent signed tax return and appropriate schedules to this form).

☐ Yes ☐ No Annual Gross Income: \_\_\_\_\_

4. I earn income from online sources.

☐ Yes ☐ No Annual Gross Income: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

5. I am receiving, I have applied, or I will apply for Social Security (SSA) in the next 12 months.

☐ Yes ☐ No Annual Gross Income: \_\_\_\_\_

6. I am receiving, I have applied, or I will apply for Supplemental Social Security (SSI) in the next 12 months.

☐ Yes ☐ No Annual Gross Income: \_\_\_\_\_

7. Our household receives or will receive unearned income for a family member aged 17 or under. (for example: Social Security, trust fund disbursements, asset accounts, etc.).

☐ Yes ☐ No

Name of Member: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Name of Member: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Name of Member: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

8. I receive child support payments.  
☐ Yes ☐ No Annual Gross Income: \_\_\_\_\_
9. I receive alimony or spousal payments.  
☐ Yes ☐ No Annual Gross Income: \_\_\_\_\_
10. I receive public assistance income.  
☐ Yes ☐ No Annual Gross Income: \_\_\_\_\_
11. I receive unemployment, Labor & Industries, or disability benefits (not SSI).  
☐ Yes ☐ No Annual Gross Income: \_\_\_\_\_
12. I receive income from a pension, annuity, retirement fund, insurance policy payments, death benefits, or Veteran's Benefits (not GI Bill benefits).  
☐ Yes ☐ No  
Benefit Source: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_  
Benefit Source: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_
13. I receive money regularly from family, church, friends, or any other form of regular income (such as rent and utility payments).  
☐ Yes ☐ No Annual Gross Income: \_\_\_\_\_
14. I receive income from real or personal property (attach signed tax return Form 1040 with Schedule E).  
☐ Yes ☐ No Annual Gross Income: \_\_\_\_\_
15. I receive income associated with my student status.  
☐ Yes ☐ No  
Income Source: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_  
Income Source: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_
16. I have income or sources of income other than those listed above.  
☐ Yes ☐ No  
Income Source: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_  
Income Source: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Adults must list assets for the next 12 months beginning on the anticipated date of move-in. Do not leave any yes or no boxes blank. Enter annual income amounts for all "yes" responses. Income from assets will not be counted unless a household is regularly drawing from asset accounts to pay for living expenses.

17. I have a checking account(s).

☐ Yes ☐ No

Bank Name: \_\_\_\_\_ Annual Gross Income : \_\_\_\_\_

Bank Name: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

18. I have a savings account(s).

☐ Yes ☐ No

Bank Name: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

19. I am regularly drawing from my investment account(s) to pay for living expenses. (i.e., Stocks, Bonds, Cryptocurrency, any other non-retirement brokered accounts).

☐ Yes ☐ No

Account: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Account: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Account: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Account: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

### Part 3: Applicant Certification

I understand that any changes to my household income and/or composition after the date of my signature, but before initial occupancy, must be disclosed immediately to management staff. Failure to do so may result in the removal of the affordable designation at any point.

Initials: \_\_\_\_\_

I am aware that my information is subject to review and verification by the City of Seattle and that other documentation may be required. I grant permission to the City to request information from other 3rd party entities, including but not limited to schools, employers, banking and financial

institutions, and other governmental agencies and their delegated agents. Submitting this information does not guarantee eligibility or enrollment in any programs. I certify that the declared income and asset information I have provided above is accurate and complete and that I may be subject to criminal prosecution and civil liability if I have knowingly given false or misleading information. I agree to provide updated proof of eligibility at any time, if requested.

Initials: \_\_\_\_\_

Signatures must be those of the Applicant/Resident, except where Power of Attorney (POA) documentation authorizes another individual to sign legal documents. If so, copies of current POA, government-issued photo ID, and the address and phone number of the POA must be included in the certification.

_____	_____	_____
Applicant Signature	Printed Name	Date

#### Part 4: Property Representative Certification

I certify that I have observed the above-signed Applicant/Resident complete, sign and date this document.

_____	_____	_____
Property Representative Signature	Printed Name	Date

#### Part 5: Third Party Certification

**Reasonable Accommodation:** If a third party is required to assist with the completion of this document, add their signature, printed name, relationship, phone number, and date to the bottom of this page.

I certify that I have assisted the above-signed Applicant/Resident in completing this document as a reasonable accommodation.

_____	_____	_____
Signature	Printed Name	Date