



City of Seattle Affordable Housing Incentive Programs Self-Certification of Annual Income

Property Manager (Please fill in this section)

Property name: _____ Unit: _____ # of Bedrooms: _____

Name of Primary Household Member: _____ HH Size: _____

The following sections are to be completed entirely by the tenants

Part 1: Household Composition

For household composition, please list the name of each person, their date of birth (DOB), 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.

Name: _____ DOB: _____ Full-time student? ☐ Yes ☐ No

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Name: _____ DOB: _____ Full-time student? ☐ Yes ☐ No

Part 2: Income of Every Household Member

Types of Income: Possible types of income include, but are not limited to, wages, military base pay public assistance, Social Security, retirement benefits, VA benefits, child support, spousal support, unemployment, and graduate student stipends or fellowships.

Include income received now, along with any anticipated income for the next 12 months. All income listed must in be gross income (before taxes and deductions), unless you are self-employed, then list your net income from your 1040 tax return.

Instructions

- A. Write down the yearly income for each person living in your unit.
- B. Put "Zero (0)" for no income.

C. Initial of each adult. If income is being received by a minor, add the primary household member or parent's initial next to the income amount.

1. Name: _____ Gross Total Annual Income: _____
Income Sources: _____ Initials: _____
2. Name: _____ Gross Total Annual Income: _____
Income Sources: _____ Initials: _____
3. Name: _____ Gross Total Annual Income: _____
Income Sources: _____ Initials: _____
4. Name: _____ Gross Total Annual Income: _____
Income Sources: _____ Initials: _____
5. Name: _____ Gross Total Annual Income: _____
Income Sources: _____ Initials: _____
6. Name: _____ Gross Total Annual Income: _____
Income Sources: _____ Initials: _____

I agree to notify management immediately if:

- Anyone in my household becomes a full-time student.
- My household composition changes in any way.

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 information I have provided 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. I understand that false or incomplete information is a violation of the terms of my lease rider and compliance status of my rent-restricted unit.

Primary Household Member Signature

Print Name

Date