

Anticipated Income Certification

Name of Resident: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

In connection with the review of my application/certification for residency at \_\_\_\_\_ Apartments, I confirm that (initial all sections in Part I):

Part I

\_\_\_\_\_ I anticipate receiving the following income: (source)\_\_\_\_\_
(Initials) over the next twelve months: \$\_\_\_\_\_ (mark one) [ ] Hourly [ ] Weekly
[ ] Bi-weekly [ ] Semi-monthly [ ] Monthly [ ] Other \_\_\_\_\_.

\_\_\_\_\_ I am not now employed in any capacity due to \_\_\_\_\_.
(Initials)

Part II

In support of this estimate, I have submitted (initial applicable income in Part II):

\_\_\_\_\_ Employment or Self-Employment/Independent Contractor Income
(Initials)

- [ ] Employment Verification form
[ ] Self-Employment/Independent Contractor Certification form
[ ] Previous year's Federal and State income tax returns
[ ] Three advertisements

\_\_\_\_\_ Unearned Income
(Initials)

- [ ] Benefit Award Letter (e.g., Social Security Admin., Dept. of Human Assist., etc.)
[ ] Other (describe): \_\_\_\_\_

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency at \_\_\_\_\_ Apartments and that any misrepresentation herein will be considered a material breach of the lease agreement and subjects me to immediate program termination. Under penalties of perjury, I certify the above representations to be true as of the date shown above.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

