

CERTIFICATION OF TIP INCOME

(To be completed by any adult household member working in a service industry position where tip income is expected. Form is to be utilized after management has documented failed attempts at a third-party verification of tips.)

Household Name: _____ Unit No.: _____

Development Name: _____

Initial Certification Effective Date: _____

Recertification Effective Date: _____

I, _____, understand that I have applied for occupancy at an Affordable Housing Program (AHP) property. I further understand that the AHP requires me to certify all of my income, assets, and eligibility information as part of determining my eligibility AND that my employment status has a direct impact on my eligibility. Thus, I hereby certify that:

My employment does not generate any tip income. Explain below:

My estimated weekly earnings in tips are \$_____, this amount will be pro-rated to determine my annual gross income.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date