



post year 15 lihtc self-certification questionnaire

| | |
|------------------------|-------------|
| Head of Household Name | Unit Number |
|------------------------|-------------|

The information on this form is needed to certify/recertify your household. **Please complete this entire form and leave no blanks.** If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

part 1 household composition

| hh member | full name | relationship to head of household (hoh) | date of birth |
|-----------|-----------|---|---------------|
| 1 | | HoH | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain:

part 2 tenant income

| show household income by household member | gross monthly income | source (wages, ssi, child support, etc.) |
|---|----------------------|--|
| 1. | \$ | |
| 2. | \$ | |
| 3. | \$ | |
| 4. | \$ | |
| 5. | \$ | |
| 6. | \$ | |

part 3 asset information

| show assets by household member | cash value of asset | annual income from asset |
|---------------------------------|---------------------|--------------------------|
| 1. | \$ | \$ |
| 2. | \$ | \$ |
| 3. | \$ | |
| 4. | \$ | |
| 5. | \$ | |
| 6. | \$ | |

signatures

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

All household members ages 18 and older must sign and date.

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date