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