

Workforce Housing Household Income Self-Certification Form

You applied for an apartment subject to the rent and income restrictions under the Long Island Workforce Housing program and are required to certify your household income to determine eligibility. Please complete this form, sign and return it to the leasing office. **Your application will not be complete until this form is submitted.** If you need assistance completing this form, please call (516) 594-2860.

Household Name:		Apartment:	# Bedrooms
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1. List the names and ages of all household members, including yourself as Head of Household. Indicate each individual's relationship to the Head of Household.

	Household Member Name	Date of Birth	Relation to Head of Household
Head			Self
2.			
3.			
4.			
5.			
6.			
7.			
8.			

2. Household Income

Earned Income- Please include the income of all household members who are earning income. This includes employment and wages of any kind including full-time, part-time, seasonal, self-employment, temporary employment, cash payment, etc. *Source documents may be requested and must be provided upon request.*

Household member name	Employer/ Source of income	Annual Amount (\$)	Clarification, if needed

2a. What is the total household earned income? \$_____



Unearned Income- Please include the income of all household members receiving un-earned income, including social security, unemployment, pension or retirement, child support, alimony, interest from assets, gift income, etc. *Source documents may be requested and must be provided upon request.*

Household member name	Unearned Income Type	Annual Amount (\$)	Clarification, if needed

2b. What is the total annual household unearned income? \$ _____

3. What is the household’s total annual income? (add 2a +2b) \$ _____

4. Do you anticipate any changes in the coming year in household size and/or household income? If yes, explain:

I hereby certify or declare under penalty of perjury that the information given is complete and accurate to the best of my knowledge. I understand that providing false or misleading information is a breach of the lease and may result in cancellation of the lease and/or criminal penalties.

 PRINT NAME OF HEAD OF HOUSEHOLD SIGNATURE OF HEAD OF HOUSEHOLD DATE

 PRINT NAME OF OTHER ADULT SIGNATURE OF OTHER ADULT DATE

 PRINT NAME OF OTHER ADULT SIGNATURE OF OTHER ADULT DATE

For Property Management Staff Use Only

I have reviewed the household’s eligibility based on household size and household income.

HOUSEHOLD QUALIFIES HOUSEHOLD DOES NOT QUALIFY

Associate Name _____

Signature & Date _____

