

Notarized Affidavit of Income LIHTC, HOME and NHTF



(The use of white out, black out, or alteration of original information will void this document.)

Property Name:	IFA Project #:
Applicant/Tenant Name:	BIN and/or Unit #:

<input type="checkbox"/> Initial Certification	Expected Move in Date: _____
<input type="checkbox"/> Recertification	Effective Date: _____

Employer Name: _____ Job Title: _____

Presently Employed: YES Date First Employed: _____
 NO Last Day of Employment: _____

Current Wages (check one)

Hourly
Salary: \$ _____

Pay Frequency: weekly bi-weekly semi-monthly monthly yearly

Number of regular hours scheduled per week: _____ **Total annual anticipated gross earnings:** \$ _____

Overtime Rate: \$ _____ per hour Average number of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average number of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____

Frequency: hourly weekly bi-weekly semi-monthly other _____

List any anticipated change rate of pay within the next 12 months: _____

Is your employment reoccurring? If so, please indicate any layoff period(s): _____

Are you eligible for unemployment during the layoff period? NO YES

Applicant/Tenant Signature

Date

Subscribed and sworn to me this _____ Day of _____, 20____

Notary Public _____ (Seal)

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.