

# Notarized Affidavit of Income LIHTC, HOME and NHTF



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

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

<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.