

Section 3 Resident or Employee Household Income Certification Form

Any individual who is seeking to be certified as a Section 3 resident, and who is **not a public housing resident, or not in a federally assisted housing program, or not a recipient public assistance program** shall attest to their total current gross annual household income, and provide the name and date of birth of each household member. All additional household income earned by household members, excluding children under 18, and/or provided through public or private assistance, child support, bank or investment earnings must be included, where indicated below.

I, _____, (Individual's Full Name) DO SOLEMNLY
SWEAR THAT THE INFORMATION I HAVE PROVIDED BELOW IS TRUE.

Number of family members who live in my household: _____

My total current gross annual household income is: _____.

The source(s) of my total **annual** household income is/are:

Type of Earnings	Head of Household	Spouse (if applicable)	Other Adult Members age 18 & over (if applicable)	Other Adult Members age 18 & over (if applicable)	Other Adult Members age 18 & over (if applicable)	Other Adult Members age 18 & over (if applicable)
Gross Earnings						
AFDC						
Child Support						
Bank Income						
Other Income (list)						
1.						
2.						
3.						
4.						
5.						

PRINT NAME _____

SIGNATURE _____

DATE _____