

RENTAL ADU INCOME CERTIFICATION FORM

Property Name: _____
 Bldg. No./Unit No. _____

I/We the undersigned certify that:
 This Income Certification is being delivered in connection with the undersigned's application for occupancy.

PART I - OCCUPANTS

NEW _____ RECERTIFICATION _____ /DATE LAST CERTIFIED _____

Family Member	Name	Relationship to Applicant	Age	Full-Time Student (Yes or No)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

It is the responsibility of the individual or household to demonstrate eligibility under the requirements of the ADU Program. In order to verify that an individual or household satisfies these requirements, FCRHA requires the landlord to obtain third party verification of income. Such documentation includes, but is not limited to, copies of Federal and State income Tax Returns, W-2 forms and copies of paychecks.

The maximum permitted income will be determined the gross income received annually from all sources by all wage earners over 18 years of age (who are not full-time students) in a family or household unit. Sources of income include, but are not necessarily limited to, the following:

Yes / No

- ____/____ 1. wages and salary (full and part-time employment)
- ____/____ 2. child support
- ____/____ 3. alimony
- ____/____ 4. interest on savings and checking accounts
- ____/____ 5. dividends from stocks, bonds, and certificates of deposit
- ____/____ 6. social security benefits
- ____/____ 7. VA benefits
- ____/____ 8. overtime, commissions, tips and bonus payments
- ____/____ 9. unemployment insurance
- ____/____ 10. pension/retirement payments
- ____/____ 11. disability benefits
- ____/____ 12. any other annuities or stipends received
- ____/____ 13. income from real estate investments
- ____/____ 14. income from a business or partnership owned, associated with or operated by a member of the household.
- ____/____ 15. regular gifts or contributions from persons not residing in the dwelling as long as there is a documented two year history.
- ____/____ 16. net income from business operations, exclusive of amortization of capital indebtedness; based on straight line method is an acceptable expense. Three years federal tax returns are required to document such income.

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Family Member	Wages Salaries, etc.	Soc. Security Pensions. etc.	Periodic Payments	Income from Assets	Other Income
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1 _____
 2 _____
 3 _____
 4 _____
 5 _____
 6 _____
TOTALS _____

TOTAL ANTICIPATED ANNUAL HOUSEHOLD INCOME _____

TENANT'S STATEMENT: The information on this form is to be used to determine maximum income for eligibility. I/We certify that the statements above are true and complete to the best of my/our knowledge and belief and are given under the penalty of perjury.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Signature of each person over age 18)

Date

NOTARIZE

COMMONWEALTH OF VIRGINIA)
)
)
)
)

The foregoing instrument was acknowledged before me in
 the _____ of _____, Virginia, this _____ day of
 _____ 199____, by _____

Notary Public

My commission expires the _____ day of _____, 199____.

Address of unit assigned: _____

_____ Date

_____ Signature of Owner's Authorized Representative