*This form is used in lieu of providing income documentation, but household member(s)must be willing to provide documentation if requested*

**INSTRUCTIONS:** This is a written statement from the applicant documenting “Annual (Gross) Income”, the number of members in the household and the income for each member. Each household member must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

**Household Members**

|  |  |
| --- | --- |
| **Full Name** | **Annual Gross Income** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Income Information**

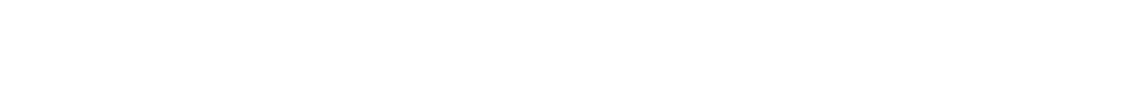
Annual gross income (total of all members) = $\_\_\_\_\_\_\_\_\_\_\_

**Certification**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator. I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

|  |  |  |
| --- | --- | --- |
| **HEAD OF HOUSEHOLD** | | |
| **Signature** | **Printed Name** | **Date** |

\* Attach another copy of this page if additional signature lines are required.



**WARNING: *The information provided on this form is subject to verification at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government*.**

State of South Carolina

County of Spartanburg

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, proved to me on the basis of presentation of satisfactory evidence to be the person(s) who appeared before me.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seal:

Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_