

Division of Tenant Resources

| HEAD OF HOUSEHOLD NAME | SOCIAL SECURITY NUMBER (last 4 digits) |
|------------------------|--|
| | |

FORM 3. DECLARATION OF ALL INCOME

| The Head of Household must complete the form on the following page for each member of the household who receives any income and provide documentation. Please first review the definitions and examples of income listed below and see if they apply to any member of the household. TO BE COMPLETED AND SIGNED BY HEAD OF HOUSEHOLD. | | Have you completed this form? | |
|--|--|-------------------------------|--|
| | | Not Applicable | |
| | | | |

INCOME SOURCES

- <u>Employment:</u> Please indicate the amount you or a household member receives from employment.
 Provide six weeks of consecutive paystubs or a verification letter on letter head from your employer stating amount and frequency of pay. You may also have "Form 4. Verification of Wages" completed by your employer.
- <u>Social Security / SSI</u>: Please indicate the amount you or a household member currently receives. HPD will verify this information using HUD's Enterprise Income Verification (EIV) database.
- <u>Public Assistance</u>: Provide a verification letter which states the amount of benefits paid.
- <u>Child Support / Alimony</u>: Provide official documentation or a letter from the absent parent showing the frequency and amount of child support and/or alimony payments.
- <u>Disability</u>: Provide official documentation of frequency and amount of disability payments.
- <u>Unemployment / Worker's Compensation</u>: Provide official documentation of the frequency and amount of unemployment and/or worker's compensation payments.
- <u>Pension / Retirement</u>: This category includes IRA distributions that must be reported. Provide official documentation of the frequency and amount of pension/ retirement income.
- Veteran's Pay: Provide official documentation of the frequency and amount of income from Veteran's pay.
- <u>Financial Aid/ Scholarship</u>: Provide official documentation from the source of educational financial aid/scholarship with the amount and frequency of money received.
- Real Estate: Please provide documentation of any income you receive from owning real property (e.g., rental income, income earned from the sale of property, etc.)
- <u>Self-employment / Seasonal employment:</u> If you are self-employed, a seasonal employee or have had more than one employer in the past 12 months, provide a complete signed copy of your most recent tax return.
- Other Types of Support: If a household member receives any regular income from organizations or persons (including relatives and friends) not residing in your home, provide documentation of such support. For example, a signed statement from the person or agency providing the income, verifying the amount and frequency.



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FORM 3. DECLARATION OF ALL INCOME (CONTINUED)

Please refer to the examples of income listed on the previous page. The first line has been filled out as an *example*. Household members may be listed on multiple lines if they receive income from different sources.

| NAME OF HOUSEHOLD MEMBER | OTHER INCOME SOURCE | START AND END DATES | AMOUNT | FREQUENCY (| CIRCLE ONE) |
|-----------------------------|---------------------|------------------------|----------|-------------------|---------------------|
| Example: | | 1/1/10 to | | Weekly | bi-weekly |
| Jane Brown | SSI | 12/31/10 | \$771.00 | monthly | yearly |
| | | | \$ | Weekly monthly | bi-weekly yearly |
| | | | \$ | Weekly monthly | bi-weekly yearly |
| | | | \$ | Weekly monthly | bi-weekly yearly |
| | | | \$ | Weekly monthly | bi-weekly yearly |
| | | | \$ | Weekly monthly | bi-weekly yearly |
| | | | \$ | Weekly monthly | bi-weekly yearly |
| | | | \$ | Weekly monthly | bi-weekly yearly |
| | | | \$ | Weekly monthly | bi-weekly yearly |
| | | | \$ | Weekly monthly | bi-weekly yearly |
| | | | \$ | Weekly monthly | bi-weekly yearly |

| I certify that the above information is accurate and understagovernment agency is punishable under federal law and may rest | |
|---|------|
| SIGNATURE OF HEAD OF HOUSEHOLD | DATE |