

SELF-CERTIFICATION OF INCOME AFFIDAVIT

Head of Household Name _____

Address/Development Name _____

I understand that the household of which I am a member shall not be comprised entirely of fulltime students unless one of the following explanations applies to the household. I shall provide proof of credit hours or other documentation that may be required for each school term during my occupancy of the unit.

1. This Affidavit is designed to determine annual income for a household based upon Planning & Zoning Ordinance #06-XXXX; which was created to promote affordable housing development throughout Brevard County.

2. I will receive income from the following sources over the next 12 months: (Circle Y (yes) or N (no) for each statement):

- Y N Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Y N Income from operation of a business;
- Y N Rental income from real or personal property;
- Y N Interest or dividends from assets;
- Y N Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Y N Unemployment or disability payments;
- Y N Public assistance payments;
- Y N Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Y N Sales *from* self-employed resources (For example: Avon, Mary Kay, Shaklee, etc.);
- Y N Any other source not named above.
- Y N I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
- Y N Wages from employment (including commissions, tips, bonuses, fees, etc.);

3. _____ I certify that I have provided income documentation for all income sources (for example: W-2 Forms, paycheck stubs, earnings statements, etc);

or

_____ I certify that I am unable to provide complete 3rd party verification or income documentation.

4. I will be using the following sources of funds to pay for rent and other necessities:

Therefore I certify my anticipated gross annual income for the next 12 months to be: \$ _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of occupancy as the principal residence.

| | |
|--------------------|-----------------------|
| _____ Signature | _____ Printed Name |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Accepted and Acknowledged By:

Name, Title

Date