DELAWARE STATE HOUSING AUTHORITY ANNUAL TENANT INCOME SELF-CERTIFICATION	Effective Date: _____
Property Name: _____ Unit # _____ BIN # _____	Move-in Date: _____ (MM/DD/YYYY)

List all Household Members name, age, relationship and Social Security Number residing in the unit:

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYY)	F/T Student (Y or N)	Social Security or Alien Reg. No.
1						
2						
3						
4						
5						
6						

2. **Has a new member of the household been added to the existing household in the last 12 months?**
   ☐ **Yes** ☐ **No - If Yes, STOP a Tenant Income Certification/Verification of household income must be completed and compared to the initial household income at move-in.**
3. **List below the total combined gross income for your household (include interest received from assets):**

TOTAL GROSS ANNUAL HOUSEHOLD INCOME: | $

Has the family disposed of any assets valued at $1,000 or more in the last 2 years for less than Market value?
Circle One   Yes / No

4. RENT

Tenant Paid Rent $ _____	Rental Assistance: $ _____
Utility Allowance $ _____	Unit Meets Rent Restriction at:
Other non-optional charges $ _____	60% 50% 40% 30% _____%

GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges)	$	Income Limit $_____ Maximum Rent Limit $_____ Household income exceeds 140% ☐ YES ☐ NO

5. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

☐ YES   ☐ NO

If YES, Enter Student Explanation*
(Also Attach Documentation)

| Enter 1-5 |

*Student Explanation:

1   TANF assistance
2   Job Training Program
3   Single parent/dependent child
4   Married/joint return
5   Adults in Foster Care

I understand that the above information has been collected to determine my eligibility for residency and I agree to provide the third party source documentation upon request. By signing this form, I/We certify that the statements made on this certification are true and correct and to the best of my/our knowledge and belief. Resident(s) collectively acknowledge(s) that any misrepresentation or falsification of this certification by any individual household member will be considered a material breach of the lease agreement. I/We agree to notify the owner/management of any changes to my/our household's family composition. I/We agree to immediately move if all members of the household become full time students and are ineligible.

The signature of each household member over the age of 18 is required below:

_____   _____
Resident Signature   Date   Resident Signature   Date

_____   _____
Resident Signature   Date   Resident Signature   Date

Owner Statement: Based on the representation herein, the household defined in this certification is eligible to live in a unit in this development under the provisions of Section 42 of the Internal Revenue Code, as amended.

_____   Owner/Management Agent   Date: _____

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.