

Certification of Tip Income

Applicant/Resident Name: _____ Date: _____

The information provided below will be used to calculate annual gross income to determine initial eligibility to reside in this IRS Sec. 42 property.

- My employment does not generate any tip income.

- My estimated weekly earnings in tips are \$_____, this amount will be pro-rated to determine my annual gross income.

I certify that the information provided above is true to the best of knowledge and belief; and that by providing false information I forfeit the lease and my eligibility to reside at this housing facility.

Signature of Applicant/Resident

Date

Signature of Authorized Property Representative

Date