

MICHIGAN STATE HOUSING  
DEVELOPMENT AUTHORITY

**AFFIDAVIT OF INCOME SELF-CERTIFICATION**

Household Name: _____ Effective Date: _____ Move-in Date: _____	Development Name: _____ Building Address: _____ Unit #: _____ Number of Bedrooms: _____
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**HOUSEHOLD COMPOSITION**

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

**INCOME AND ASSETS**  
(To be completed by adult household members only)

	Name of Household Member (use additional sheets as needed) - - >			
1	Wages from employment (including commissions, tips, bonuses, etc.)	\$	\$	\$
2	Income from operation of my own business or as a day laborer, seasonal worker, gig worker, or independent contractor			
3	Social Security payments, Veteran's benefits, annuities, insurance policies, retirement funds, pensions, or death benefits			
4	Unearned income (such as SSI) for minor children			
5	Unemployment or disability payments			
6	Public assistance payments			
7	Periodic allowances such as alimony, child support, or monetary gifts received from persons not living in my household			
8	Student Financial Assistance in Excess of Tuition			
9	Rental income from real or personal property			
10	Interest or dividends from all household assets, including children			
11	Any other source not named above. Describe: _____			
<i>Total for Member</i>		\$	\$	\$

<b>Household's total anticipated gross annual income for the next 12 months</b>	\$ _____
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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 a lease agreement.

Signature of Tenant	Printed Name of Tenant	Date

## TO BE COMPLETED BY OWNER/MANAGEMENT AGENT

Effective Date of Self Certification: _____	AMI Level: _____%
Rent Effective Date: _____	Project has multiple income targeting levels: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(A review of income and asset documents (such as pay stubs, bank statements) is required for all households in projects with multiple income targeting levels, except those households @ 125% AMI or 150% AMI. The documentation does not have to be third party.)</i>
Tenant Rent Payment	\$ _____
Utility Allowance	\$ _____
Mandatory Fees	\$ _____
<b>Total Gross Rent</b>	<b>\$ _____</b>
Subsidy Rent Payment	\$ _____

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 a lease agreement.

**In addition, if project has multiple income targeting levels, I certify I have reviewed documentation provided by the resident for all income sources (For example: W-2 Forms, paycheck stubs, earnings statements, etc.).**

Signature of Owner/Management	Printed Name of Owner/Management	Date