

FLORIDA HOUSING FINANCE CORPORATION

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INCOME CERTIFICATION

State Housing Initiatives Partnership (SHIP) Program

Effective Date: _____ Allocation Year: _____

A. Recipient Information (select one)

- a. _____ Homebuyer – (new construction) b. _____ Homebuyer – (existing)
 c. _____ Homeowner – (rehab) d. Other (specify) Tenant

B. Subsidy Use (check all that apply)

<input type="checkbox"/>	Down Payment Assistance	<input type="checkbox"/>	Principal Buy Down
<input type="checkbox"/>	Closing Costs	<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Interest Subsidy	<input type="checkbox"/>	Emergency Repair
<input type="checkbox"/>	Loan Guarantee	<input checked="" type="checkbox"/>	Other

C. Household Information

Member	Names - All Household Members	Relationship	Age
1			
2			
3			
4			
5			
6			
7			

D. Assets: All household members including minors

Member	Asset Description	Cash Value	Income from Assets
1			
2			
3			
4			
5			
6			
7			
Total Cash Value of Assets		D(a) \$	
Total Income from Assets			D(b) \$
If line D(a) is greater than \$5,000, multiply that amount by the rate specified by HUD (applicable rate 2.0 %) and enter results in D(c), otherwise leave blank.		D(c)	\$

E. Anticipated Annual Income: Includes unearned income and support paid on behalf of minors.

Member	Wages / Salaries (include tips, commission, bonuses and overtime)	Benefits / Pensions	Public Assistance	Other Income	Asset Income
1					(Enter the greater of box D(b) or box D(c), above, in box E(e) below)
2					
3					
4					
5					
6					
7					
Totals	(a)	(b)	(c)	(d)	(e)
	\$	\$	\$	\$	\$

Enter total of items E(a) through E(e). This amount is the Annual Anticipated Household Income	\$
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F. Recipient Statement: The information on this form is to be used to determine maximum income for eligibility. I/we have provided, for each person set forth in Item C, acceptable verification of current and anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 and 775.083.

Signature of Head of Household Date

Signature of Spouse or Co-Head of Household Date