



OWNER OCCUPIED REHABILITATION PROGRAM
CERTIFICATION OF INCOME FORM

(Provided for use by Florida Housing Finance Corporation)
(To be completed by adult household member only)

Applicant's Name: Municipality/CCRT Area:

1. I hereby certify that I am a permanent resident of Palm Beach County.

2. My primary residence is located at:

Address City State Zip

3. Please list damages to your property / primary residence.

4. 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.

Please explain any Y (yes) answers and list the annual amounts:

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

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

5. Will you use the above sources of funds to pay for mortgage / rent and/or other necessities (Yes or No)?

Therefore I / we certify my / our 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 understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. The information provided is subject to verification by the county or eligible municipality.

Signature of Applicant

Printed Name of Applicant

The above signer produced as identification FDL or FID #

FOR AN OATH OR AFFIRMATION:

State of Florida
Palm Beach County

The foregoing instrument was acknowledged before me this day of, 200, by who is personally known to me or who has produced as identification.

Notary Seal

Signature of Notary Public

Name of Notary Typed, Printed or Stamped

Commission No. Expires: