



Together Center Campus
16225 NE 87th Street, Suite A-3 ♦ Redmond, Washington 98052
(425) 861-3677 ♦ Fax: (425) 861-4553 ♦ WEBSITE: www.archhousing.org

CERTIFICATION OF HOUSEHOLD ELIGIBILITY

I, _____, and I, _____, as applicants for the purchase of the following Affordable unit: Project: _____

Project Address: _____

Unit #: _____ Number of Bedrooms: _____ Total Number of Household Members: _____

Do hereby represent and warrant that the following Household information is true:

Name and Age of **ALL** Household Members:

_____, Age _____, Age _____

_____, Age _____, Age _____

_____, Age _____, Age _____

My/Our household income from the attached computation is \$_____, (this space must contain a dollar amount) and includes all income I/we received for the previous calendar year. **Also attached is a copy of my/our Federal Tax Return and W-2s for the previous calendar year, as well as a pay-stub, etc, for the previous 1 month period.** For your paperwork to be processed, an executed purchase and sale agreement must be submitted containing all pages. We reserve the right to verify your finances with your lender as part of the qualification process. *If you have verifiable knowledge that your current income or income prior to closing will be significantly higher or lower than the income you reported above, attach a letter clearly explaining your situation.* The City may consider this information in determining your maximum income for eligibility.

This affidavit is made with the knowledge that it will be relied upon by the City to determine maximum income for eligibility. I/We warrant that all information set forth in this Certification of Household Eligibility is true, correct and complete based upon information I/We deem reliable, and that the estimate contained in the preceding paragraph is reasonable and based upon such investigation as the undersigned deemed necessary. I/We acknowledge that I/we have been advised that the making of any misrepresentation or misstatement in this affidavit may disqualify you as an eligible buyer and/or constitute a default of the Covenant Restricting Resale & Option to Purchase & Assignment of Rents.

I/We do hereby swear under penalty of perjury that the foregoing statements are true and correct.

Applicant _____

Applicant _____

Mailing Address _____

Phone (day) _____

Date: _____

Date: _____

E-mail: _____

E-mail: _____

INCOME COMPUTATION

"Household income" includes all items listed below, from all household members over the age of 18. Income of dependents over 18, who reside in the unit for less than four (4) months of the year will not be counted toward household income.

For the previous calendar year, indicate income received from the following sources. **All lines must contain a dollar amount. In the event that no income was received, a zero may be used to complete the line.**

The full amount, before any payroll deductions, of wages, salaries, overtime pay, commissions, fees, tips, bonuses and other compensation for personal services, and payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay and any earned income tax credit to the extent that it exceeds tax liability;

a) _____

Net income from operations of a business or profession or net income of any kind from real or personal property;

b) _____

Interest and dividends;

c) _____

The full amount of periodic payments received from Social Security, pensions, retirement funds, annuities, insurance policies, disability or death benefits, alimony, child support, or any similar type of periodical payments, and any regular contributions or gifts from persons not residing in the unit;

d) _____

Public assistance payments;

e) _____

Regular and special allowances and pay of a member of the Armed Forces who is a spouse or head of the family.

f) _____

TOTAL

\$ _____

(NOTE: The following are not considered income: occasional, infrequent gifts of money; one-time payments from insurance policies or an inheritance settlement; scholarships or student loans for tuition, fees or books; foster child care payments; the value of Food Stamp coupons; hazardous duty pay to a member of the Armed Forces; relocation payments; assistance received under the Low Income Home Energy Assistance Program or any similar program).

Return to: ARCH - 16225 NE 87th St, Suite A-3, Redmond, WA 98052

Phone: 425-861-3677 Fax: 425-861-4553

* Do not include persons who will reside in the unit for less than four months of the year