



Department of Health, Housing
& Community Services

INCLUSIONARY HOUSING/BELOW MARKET RATE PROGRAM
HOUSEHOLD INCOME SELF-CERTIFICATION FORM

Head of Household Name: _____

Date (Month/Day/Year): _____

Address/Unit #: _____

Your building is subject to rent and income restrictions under a City of Berkeley Affordable Housing program. As a resident of a Below Market Rate unit, you are required to certify your household income to determine your continued eligibility.

Please answer the questions below, sign and return this form to your Property Manager.

If you need assistance completing this form, please call:

Property Manager

Name _____

Phone _____

1. List the names and ages of all the individuals living in your unit, including yourself as Head of Household. Indicate individual's relationship to Head of Household.

Name	Age	Relationship to Head of Household

*Use back of sheet if you need extra lines.

2. What is your total yearly household income? Please include the income of all household members who are earning income, including social security, unemployment, etc. (Source documents may be requested and must be provided upon request.)

3. Have there been any changes in the past year or do you anticipate any changes in the coming year in household size and/or household income?

Check One:

Yes _____ No _____

If yes, please state below:

I hereby certify or declare under penalty of perjury that the information given is complete and accurate to the best of my knowledge. I understand that providing false or misleading information is a breach of the lease and may result in cancellation of the lease and/or criminal penalties.

Print Name of Head of Household

Signature of Head of Household

Date

For Property Management Staff Use Only

I have received the signed statement from the Head of Household and confirmed s/he understands the BMR Renter responsibilities per the City's Inclusionary Housing/BMR Program.

Signature of Owner or Representative

Date