



Housing Choice  
Voucher Program

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## INCOME SELF-CERTIFICATION

Participant name \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

Type of income \_\_\_\_\_

Income means all amounts, monetary or not, which go to or on behalf of the household. This means that, in addition to things like wages and Social Security, income also includes, but is not limited to, things such as panhandling, "under the table" or "cash" jobs, blood/plasma donation, child support not administered through the Division of Child Support, gifts, allowances, regular contributions such as someone buying groceries or paying your bills/rent.

Please answer the following questions:

1. What is the source of this income? \_\_\_\_\_
2. Date this income began: \_\_\_\_\_
3. Anticipated income amount: \_\_\_\_\_
4. Frequency of anticipated income: ☐ Monthly ☐ Quarterly ☐ Annually
5. Date of change in income: \_\_\_\_\_
6. Has this income changed due to extenuating circumstance? ☐ Yes ☐ No

If yes, please explain:

\_\_\_\_\_

7. Do you expect this income to continue: ☐ Yes ☐ No
8. End date: \_\_\_\_\_

\_\_\_\_\_

**I understand that I must report any changes to my income or other household conditions in writing within 10 business days of the change. I hereby certify under penalty of perjury that the statements I have made on this form are true and accurate to the best of my knowledge:**

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Household Member Receiving Income (if different than above) \_\_\_\_\_ Date \_\_\_\_\_