



INCOME CERTIFICATION FORM

Purpose: ReBuild NC requires that income sources for all household members be reported to the Program. The Program uses this income information to calculate the total household income, which helps determine whether the household meets HUD's low-to-moderate income threshold.

Instructions: All household members 18 years of age or over are required to complete this form, regardless of whether they are required by the IRS to file a tax return. All household members should provide their full legal name and date of birth (DOB), including year, indicate whether they are currently a full-time student, estimate their total annual gross income, state their relationship to the Primary Applicant, and list all income sources. Household members without income should write "Zero Income" under Income Sources and "\$0" under Estimated Total Annual Income; they will also be required complete the Certification of Zero Income Form. In order to be valid, all listed household members must sign and date this form.

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government.

Primary Applicant		
Name:		DOB:
Full-time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Total Annual Income ¹ : \$	
Income Sources ² :		
Household Member		
Name:		Relationship to Primary Applicant:
Full-time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Total Annual Income ¹ : \$	DOB:
Income Sources ² :		
Household Member		
Name:		Relationship to Primary Applicant:
Full-time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Total Annual Income ¹ : \$	DOB:
Income Sources ² :		
Household Member		
Name:		Relationship to Primary Applicant:
Full-time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Total Annual Income ¹ : \$	DOB:
Income Sources ² :		

Household Member		
Name:		Relationship to Primary Applicant:
Full-time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Total Annual Income ¹ : \$	DOB:
Income Sources ² :		

Household Member		
Name:		Relationship to Primary Applicant:
Full-time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Total Annual Income ¹ : \$	DOB:
Income Sources ² :		

Household Member		
Name:		Relationship to Primary Applicant:
Full-time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Total Annual Income ¹ : \$	DOB:
Income Sources ² :		

NOTE: If you are a U.S. citizen or resident alien, you must file a return if your gross income for the year was at least the amount required by the IRS. If you are a non-resident alien at any time during the year, the filing requirements that apply to you may be different from those that apply to U.S. citizens. If you need assistance to determine whether you need to file a federal income tax return for the current tax year, go to www.irs.gov.

¹Please make sure to calculate the income sources as necessary to determine **annual** income (e.g., monthly statements should be multiplied by a factor of 12). If you have no reportable income, please write "Zero Income" and complete the Certification of Zero Income Form.

²Please list the sources of income here (e.g., paystubs, social security benefit statements, etc.) If you have no reportable income, please write "Zero Income" and complete the Certification of Zero Income Form.

ACKNOWLEDGEMENT AND ATTESTATION: The undersigned expressly acknowledge that the information provided on this form by myself/us is subject to verification by HUD, the State of North Carolina, and/or ReBuild NC at any time. Further, I/we acknowledge that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and program eligibility can be terminated if I/we knowingly and willingly make a false or fraudulent statement in connection with the representations made above or in connection with any other information provided to ReBuild NC in connection with the application for assistance funded by the Community Development Block Grant allocated to the State of North Carolina.

NOW, in light of the acknowledgements made above, I/we knowingly affix our signature below; and by doing so, expressly certify and attest, under penalty of the law recited above or otherwise applicable, that all of the information provided in this form is true and correct according to my/our best knowledge and belief. Should I/we become, or be made aware of the untruthfulness or inaccuracy of any of the information or the representations or information provided above, I/we will immediately notify ReBuild NC and acknowledge that failure to do so may result in institution of any criminal and/or civil remedies available by law.

_____ <i>Primary Applicant Print Name</i>	_____ <i>Primary Applicant Signature</i>	_____ <i>Date</i>
_____ <i>Household Member Print Name</i>	_____ <i>Household Member Signature</i>	_____ <i>Date</i>
_____ <i>Household Member Print Name</i>	_____ <i>Household Member Signature</i>	_____ <i>Date</i>
_____ <i>Household Member Print Name</i>	_____ <i>Household Member Signature</i>	_____ <i>Date</i>
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_____ <i>Household Member Print Name</i>	_____ <i>Household Member Signature</i>	_____ <i>Date</i>