



Certification of Household Eligibility

I, _____, and I, _____, as applicants for the purchase of the Copper Lantern Homes 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 _____

Single-Head of Household: Yes / No

Special Needs: Yes / No

Native Peoples: Yes / No

First-Time Homebuyer: Yes / No

Prior Homeless: Yes / No

Ethnic Origin (optional): _____

My/Our household income from the attached computations is \$_____, (this space must contain a dollar amount) and includes all income I/we receive for the previous calendar year. Also attached is a copy of my/our Federal Tax Return, W-2s for the previous calendar year, one-month worth of pay-stub and any other verifiable documents for my/our income. 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. This information may be considered in determining your maximum income for eligibility.

I/We certify that we are first time homebuyers, who have not owned a home in the past three (3) years.

This affidavit is made with the knowledge that it will be relied upon 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 Copper Lantern Homes Covenant Restricting Resale and the Option to Purchase and Assignment of Rents.



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

Applicant _____

Applicant _____

Date: _____

Date: _____

Mailing Address _____

Phone (day) _____

“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) month 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.

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 book; 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).

Attach the following information:

- WSHFC 5-hour Homebuyer Education Certificate
- Pre-Approval from a Mortgage Lender
- Federal Tax Return
- W-2s for the previous calendar year
- One-month worth of pay-stubs
- Any other verifiable documents for my/our income

Certification of Income

Name _____
 Address _____ Unit No. _____
 City _____

1. Number of people in household: _____
2. I hereby certify that my household income for the previous 12 months was \$ _____
3. I hereby certify that the **TOTAL INCOME** of my household at this time is as follows:

	ANNUAL	<u>OR</u>	MONTHLY
Wages, salaries, tips, etc. (covered by W-2).....	\$ _____		\$ _____
Dividend income.....	\$ _____		\$ _____
Taxable refunds, credits, or offsets of state and local income taxes.....	\$ _____		\$ _____
Alimony received.....	\$ _____		\$ _____
Business income (or loss).....	\$ _____		\$ _____
Capital gain (or loss).....	\$ _____		\$ _____
Other gains or losses.....	\$ _____		\$ _____
Total IRA distributions, taxable amount.....	\$ _____		\$ _____
Total pensions and annuities, taxable amount.....	\$ _____		\$ _____
Rental real estate, royalties, partnerships, S corporations, trusts, etc.	\$ _____		\$ _____
Farm income (or loss).....	\$ _____		\$ _____
Unemployment compensation.....	\$ _____		\$ _____
Social Security benefits, taxable amount.....	\$ _____		\$ _____
Other income (specify source).....	\$ _____		\$ _____
TOTAL INCOME	\$ _____		\$ _____
<i>less</i> Your IRA deduction.....	\$ _____		\$ _____
<i>less</i> Spouse's IRA deduction.....	\$ _____		\$ _____
<i>less</i> Moving expenses.....	\$ _____		\$ _____
<i>less</i> One-half of self-employment tax.....	\$ _____		\$ _____
<i>less</i> Self-employed health insurance deduction.....	\$ _____		\$ _____
<i>less</i> Keogh & self-employed SEP plans. If SEP, check → <input type="checkbox"/>	\$ _____		\$ _____
<i>less</i> Penalty on early withdrawal of savings.....	\$ _____		\$ _____
<i>less</i> Alimony paid. Recipient's SSN → _____.....	\$ _____		\$ _____
TOTAL ADJUSTED GROSS INCOME	\$ _____		\$ _____

4. Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, this information is true, correct, and complete.

Your signature _____ Date _____