

Self Certification of Annual Income by Beneficiary

Effective Date: January 1, 2023

**Instructions:** *This is a written statement from the beneficiary document definitions used to determine “annual gross income”, the number of beneficiary members in the family or household and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.*

**Beneficiary Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Ethnicity: \_\_\_ Asian \_\_\_ Black/African/American \_\_\_ Hispanic \_\_\_ Native American \_\_\_ White \_\_\_ Other

**Member Information:**

First Names	Adult ( 18 and over)	+62 (years of age or older)	<18 (child under age of 18)

**Contact Information:**

Address:		Phone No:
City:	State:	Zip Code:

**Income Verification:**

Annual GROSS INCOME (total of all members)=\$ \_\_\_\_\_

**Certification:** I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

Printed Name:	Date:
Signature:	



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