



City of Spokane
Community Housing and
Human Services Dept.
808 W. Spokane Falls Blvd
Spokane, WA 99201-3339
(509) 625-6325

ANNUAL TENANT INCOME CERTIFICATION

To be completed annually by tenant(s) of each HOME unit. All sections must be completed. If an item is not applicable, denote as N/A.

Tenant Address _____

Tenant Name(s) _____

Unit Number _____

List Tenant Paid Utilities _____

Monthly Rent _____

Number of persons in your household _____

Single Parent Household? (YES / NO) _____

Number of persons that earn an income in your household _____

Disabled Family Member? (YES / NO) _____

HOUSEHOLD INCOME

A. What is your current total gross annual income of your household? \$ _____

B. What is your source of income?

(Circle all that apply) Employment Social Security DSHS Pension SSI AFDC Other _____

C. Total value of all assets *if over \$5,000?* (not including furniture or automobiles) \$ _____

D. Total of all income derived from these assets, if any? (interest, rent, etc. received) \$ _____

TENANT ETHNICITY & RACE: Voluntary reporting for statistical purposes only. Complete both sections.

- Ethnicity
Hispanic or Latino ethnicity? _____ Yes _____ No
- Race - Please select one or more applicable race categories:
 - ___ White
 - ___ Black/African American
 - ___ Asian
 - ___ Asian & White
 - ___ Other
 - ___ American Indian/Alaskan Native
 - ___ Native Hawaiian/Other Pacific Islander
 - ___ Black/African American & White
 - ___ American Indian/Alaskan Native & Black/African American
 - ___ American Indian/Alaskan Native & White

CERTIFICATION:

I hereby certify, under penalty of perjury, that the above information is true and correct as of this date. I agree to provide source documentation upon request.

Tenant Name

Revised 10/7/2025 Previous editions are obsolete.

Tenant Signature and Date

