



State of Washington
 Department of Revenue
 PO Box 47471
 Olympia, WA 98504-7471

New Owner Income Verification Form

Nonprofit Home Ownership Opportunity Development

For DOR Use Only	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

Nonprofit Information	Name of Nonprofit Organization:			
	Point of Contact Name and Title:	Phone:	Email:	
	Mailing Address:	City:	State:	Zip:
	Federal Employer ID#:	WA State UBI#:	DOR Registration #:	

Homeowner/Purchaser	Name:			
	Phone:		Email:	
	Property Address:	City:	State:	Zip:
	Mailing Address (if different):	City:	State:	Zip:

Property Information		
Parcel No.	County:	Date of Sale:
Attach Copy of Warranty Deed		

Signature		
I swear under penalty of perjury that all statements regarding income figures on this form are true.		
Nonprofit Representatives:		
Print: _____	Sign: _____	Date: _____
Homeowner(s):		
Print: _____	Sign: _____	Date: _____
Print: _____	Sign: _____	Date: _____

Determining Household Income

***The total income of the household (Annual Gross Income) is from all sources received in the 12-month calendar year period preceding the purchase date of your new home. For example, if you purchase your home in July 2017, you must provide your income information for the calendar year 2016.**

Include documentation to prove your income and allowances.

SECTION I: GROSS HOUSEHOLD INCOME

- | | |
|---|----------|
| 1) The full amount (before payroll deductions) of annual wages and salaries, overtime pay, commissions, fees, tips and bonuses, other compensation for personal services prior to payroll deductions. (Applies to client and all household members 18 and older. For full-time students 18 and older, only \$480 of annual earned income should be included here.) | \$ _____ |
| 2) Periodic payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, excluding lump sum payments for the delayed start of a periodic payment. | \$ _____ |
| 3) Payments in lieu of earnings, such as unemployment, disability, worker's compensation, and severance pay. | \$ _____ |
| 4) WELFARE ASSISTANCE, including payments made under other programs funded, separately or jointly, by federal, state, or local governments which are not excluded by Federal Statutes (see 26 U.S. Code Part III). | \$ _____ |
| 5) Periodic allowances including alimony and child support payments, and regular contributions or gifts received from organizations or persons not residing in the residence. | \$ _____ |
| 6) Net income from operation of a business or profession. | \$ _____ |
| 7) Interest, dividends, and other net income of any kind from real or personal property. Where net family assets are in excess of \$5,000, annual income shall include the greater of actual income derived from net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. | \$ _____ |
| 8) All regular pay, special pay and allowances of a member of the Armed Forces (Except Hostile Fire Pay). | \$ _____ |
| 9) <u>ANNUAL GROSS INCOME</u> (Sum of lines 1-8)
<i>Note: Annual gross income must be reassessed at least annually. However, if there is substantial change in the household's income during the year, an adjustment must be made to the resident rent to reflect the change in income.</i> | \$ _____ |

**Annual Gross
Income \$**

SECTION II: ALLOWANCES

Per HUD regulations 24CFR5.611(a) the annual adjusted income is determined by deducting the following allowances from the annual gross income.

10) NUMBER OF DEPENDENTS
 (\$480 for each) *Dependents include household members under the age of 18, elderly dependents, handicapped, disabled, or full-time students, but not the family head, spouse or foster children.* #
 \$

11) \$400 FOR ELDERLY OR DISABLED FAMILY MEMBER
This allowance is provided to any family whose head, spouse, or sole member is at least 62 years of age OR is handicapped/disabled. This deduction always applies to households with persons with HIV/AIDS if they are the head, spouse, or sole member at least 62 years of age. (ONLY ONE DEDUCTION PER FAMILY/HOUSEHOLD PER YEAR) #
 \$

12) REASONABLE CHILDCARE EXPENSES (ANNUAL EXPENSE)
These are expenses anticipated during the year for children 12 years of age and under that enable a household member to work, seek employment, or to further education. Deductible expenses for childcare to enable a person to work shall not exceed the amount of income received from such work. Childcare cannot be paid to another member of the household. (ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED) \$

13) THE SUM OF THE FOLLOWING EXPENSES, TO THE EXTENT THE SUM EXCEEDS 3% OF ANNUAL GROSS INCOME
This deduction may not exceed the earned income received by family members who are 18 years of age or older and who are able to work because of such attendance care or auxiliary apparatus.

a) EXPENSES FOR NON-ELDERLY, DISABLED FAMILY MEMBERS
 \$
This allowance covers reasonable expenses anticipated during the period for attendance care (provided by a non-household member) and/or auxiliary apparatus for any disabled household member that enables that person or any other household member to work. Deduction may not exceed the amount of income generated by the person enabled to work. (ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES ARE ALLOWED.) \$

b) MEDICAL EXPENSES AND/OR ASSISTANCE FOR ELDERLY OR DISABLED FAMILY MEMBERS
 \$
(ONLY EXPENSES NOT REIMBURSED FROM ANY OTHER SOURCES \$

14) TOTAL NON-REIMBURSED MEDICAL EXPENSES
 (Sum of lines 13a and 13b) \$

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15)	3% OF ANNUAL GROSS INCOME (Line 9 x .03)	\$ _____
16)	<u>ALLOWABLE MEDICAL EXPENSE DEDUCTION</u> (Line 14 minus line 15) <i>The Allowable Medical Expense Deduction is the amount of the Total Non-Reimbursed Medical Expenses that exceeds 3% of Annual Gross Income. If result is a negative number, client is NOT eligible for deduction.</i>	\$ _____

SECTION III: ADJUSTED INCOME		
17)	ANNUAL GROSS INCOME (from line 9)	\$ _____
18)	TOTAL ALLOWANCES (Sum of lines 10, 11, 12, 13 and 16)	\$ _____
19)	ANNUAL ADJUSTED INCOME (Line 17 minus line 18) if result is a negative number, "Annual Adjusted Income" is \$0.	\$ _____