



Blackfeet Housing Limited Partnerships

Box 449
Browning, MT 59417
contactus@blackfeethousing.org



Phone (406) 338-5031

Fax (406) 338-3464

1. Birth Certificates for all minor children.
2. Copy of Social Security cards for all members of the household.
3. 3rd party verification of all income for everyone 18 years of age.
4. Child Custody Papers. (If applicable)
5. Child Support Papers. (If applicable)
6. Verification of Tribal Enrollment.
4. Verification of all Assets.

Please Return your **COMPLETE** application to the Tax Credit department.

Please **DO NOT USE WHITEOUT**, if you make a mistake on your application more forms will be provided to you.

Blackfeet 1-6 Glacier County **2025 LIHTC Income Limits**

Glacier County Median Income % of AMI	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
40%	\$24,480	\$27,960	\$31,440	\$34,920	\$37,720	\$40,520	\$43,320	\$46,120
50%	\$30,600	\$34,950	\$39,300	\$43,650	\$47,150	\$50,650	\$54,150	\$57,650
60%	\$36,720	\$41,940	\$47,160	\$52,380	\$56,580	\$60,780	\$64,980	\$69,180



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Applying for:

_____ Browning

_____ Heart Butte

RENTAL APPLICATION

Name: _____

Address: _____

Phone: _____

PART I – HOUSEHOLD COMPOSITION

#	Last Name	First Name	Relationship to HOH	Date of Birth	Sex	Social Security #	Full Time Student Y/N
1.			HOH				
2.							
3.							
4.							
5.							
6.							
7.							

PART II – STUDENT STATUS

Are all occupants of the household full-time students?

_____ YES _____ NO

If YES, to the above, please answer the following:

Is the household comprised of single parent with school age child(ren) none of whom are dependents on a third party?

_____ YES _____ NO

Are the HOH and co-applicant married and do they file a joint income tax return?

_____ YES _____ NO

Does the HOH receive AFDC or TANF?

_____ YES _____ NO

Are any of the students participants in the Job Training Partnership Act?

_____ YES _____ NO

PART III – RENTAL HISTORY

Current Street Address	Do You Own/Rent	How Long:	Reason for Leaving:
Previous City, State, Zip	Monthly Payment:	Landlord #	Landlord Fax:

If residency has been less than 2 years, please complete the following

Previous Address	Do You Own/Rent	Reason for Leaving:
Previous City, State, Zip	Monthly Payment:	Landlord Phone/Fax:

PART IV – CREDIT REFERENCES

Bank Name:	Checking Number:	Savings Number:	Visa Number:		
Driver's License #	State:	Expires:	Vehicle Model:	Year:	Plate:
Ever filed Bankruptcy?					
YES NO					
Ever been evicted from tenancy?					
YES NO	Emergency Contact Name:	Phone::	Relationship:		
Ever been convicted of a felony?					
YES NO					

PART V – RECURRING INCOME

Circle all Applicable

Applicant #1

Employed Full-Time:	Employed Part-Time:	Self-Employed:	Non-Employed:	Unemployed:
Current Employer:	Position:	How Long:	Supervisor Name:	
Telephone Number:	Telefax:		Address:	
Current Wages Per Year:	Hours Worked Per Week	Tips:	Do you have more than one job?	
		Yes No	Yes No	

Please Attach All Verification:

OTHER INCOME:

SOURCE

Alimony/Child Support

Yes No

AFDC/TANF

Yes No

SSA/SSI

Yes No

Retirement/Pension/Annuities

Yes No

Unemployment

Yes No

Workers Compensation

Yes No

Recurring Gifts from Family

Yes No

Other Recurring Monies

Yes No

MONTHLY

\$-----

\$-----

\$-----

\$-----

\$-----

\$-----

\$-----

\$-----

Program regulations require that all income be disclosed in order to determine qualification. Please provide recurring monthly amount if applicable.

PARTVI - ASSTES

ASSETS:

SOURCE

Checking Account

Yes No

Savings Account

Yes No

MONTHLY

\$-----

\$-----

Money Market, CD, and Other	Yes	No	\$-----
Stocks/Bonds	Yes	No	\$-----
IRA's, 401(k), Keogh	Yes	No	\$-----
Real Estate	Yes	No	\$-----
Boat, Trailer, Rec. Vehicle	Yes	No	\$-----
Life Insurance Policies	Yes	No	\$-----
Other Assets	Yes	No	\$-----

Program regulations require that all assets be disclosed in order to determine qualification. Necessary personal property such as clothing, furniture, daily use automobile, jewelry, dishes etc., need not be disclosed.

Are the total assets of the household more than \$5,000? YES NO

Has any member of the household disposed of an asset for less than fair market value within the last 24 months? YES NO

If NO to both of the above, what is the expected earnings on all household assets for the next 12 months: \$-----

ASSET ADDENDUM

Part A To be completed if the combined assets of the household are greater than \$5,000.

Asset	Owner	Description	Institution where held	Address City, State, Zip	Phone	Est. Current Value	Est. Annual Earnings
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Part B To be completed if any assets have been disposed of for less than fair market value within the past 24 months.

(Attach Verification). Note: Dispositions as a result of foreclosure, bankruptcy or as part of a divorce/separation do not count as a dispositions.

Asset	Disposition Date	Asset Description	Recipient	Reason	Fair Market Value of Asset
1B.					
2B.					
3B.					

Applicant Signature Date

Applicant Signature Date

Applicant Signature Date

Applicant Signature Date

CHILDCARE (Provide Verification)

Do you pay Childcare?	Yes	No	If Yes, Amount Paid?
Do you receive assistance from the Child Block Grant?	Yes	No	If Yes, Amount Received?
Other Source?	Yes	No	Amount Received?

TRAVEL

What is the physical address of your employer or school (only for one household member over the age of 18 years)?

Household Member	Employer or School	Miles to work/school (one way)	Street Address, City and State

DECLARATIONS

1. Do you anticipate any change in your household composition during the next 12 months?	Explanation: _____
2. Does anyone in the household have any needs that might be better served by a unit, which is accessible to people with mobility, hearing or visual impairments?	Explanation: _____
3. Have you disposed of any assets for less than Fair Market Value during the past two (2) years?	Assets: _____ Date Disposed: _____ Amount Received: _____ Fair Market Value: _____
4. Have you ever participated in any program offered by Blackfeet Housing?	Program: _____ Date Served: _____
5. Has Blackfeet Housing ever received a judgment against your for non-payment on an account?	Program: _____ Date of Judgement: _____ Date paid in full: _____
6. Do you currently owe Blackfeet Housing on any past or current account?	Program: _____ Date Served: _____ Amount Due: _____
7. Have you ever been convicted/arrested for a misdemeanor offense?	Year of convicted/arrest: _____ Type of charge: _____ Sentence received: _____
8. Have you ever been convicted/arrested for a Felony offense?	Year of convicted/arrest: _____ Type of charge: _____ Sentence received: _____ Year Paroled: _____
9. Are you required to register as an offender	Probation Officer: _____ Contact Information: _____
10. Will this unit be the households' primary residence?	Yes _____ No _____

I/We hereby affirm that the foregoing information is true and complete to the best of my knowledge, and authorizes the landlord to make inquiries to verify the statements herein. I/We further understand that any intentional misrepresentation in this application might result in default in the rental agreement and/or eviction of this household.

If any of the aforementioned information changes, I/We agree to notify Blackfeet Housing immediately.

All household members age of 18 and older sign below:

_____ Applicant Signature	_____ Date	_____ Applicant Signature	_____ Date
_____ Applicant Signature	_____ Date	_____ Applicant Signature	_____ Date

AUTHORIZED RELEASE OF INFORMATION

THIS FORM CANNOT BE USED TO REQUEST A COPY OF A TAX RETURN, USE IRS FORM 4506, REQUEST FOR A COPY OF TAX FORM

Sensitive information: The consent granted by this form may be used as a basis to collect sensitive information which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD or Rural Development except to the appropriate Federal, State, and Local agencies, when relevant and to civil, criminal or regulatory Investigators and prosecutors. Please see the Federal Privacy Act for more detailed description of your privacy rights.

Purpose:

This form enables the U.S. Department of Housing and Urban Development (HUD) and the above name Public Housing Agency or Indian Housing Authority (HA's) to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining income from current and previous employers' and wages and claim information from the State Wage information Collection Agency (SWICA).

Computer Matching Notice and Consent:

I understand that Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching program with other governmental agencies including Federal, State and local agencies.

The Governmental Agencies include:

U.S. Office of Personnel Management
U.S. Social Security Administration
U.S. Department of Defense
U.S. Postal Services
State of Employment Security Agencies
State of Welfare and Food Stamp Agencies

This match will be used to verify information supplies by the family.

Employment Information:

I also authorize the above HA and HUD to obtain information about me and my family that is pertinent to employment income information.

Conditions:

I agree that photocopies of this authorization may be used for the purposes stated above. If I or my adult member of my family fails to sign this authorization, I understand this action may constitute grounds for denial of eligibility or termination assistance or tenancy, or both.

State Wage Agencies:

I authorize only HUD, a Public Housing Agency, or an Indian Housing Authority to obtain information on wages or unemployment compensation from State Agencies charged with the State unemployment law.

Signature, Printed Name of Head of Household & Date

Source of Income

Signature, Printed Name of Head of Household & Date

Source of Income

Signature, Printed Name of Head of Household & Date

Source of Income

Signature, Printed Name of Head of Household & Date

Source of Income

FRAUD AND FEDERAL PRIVACY ACT STATEMENT

PLEASE READ THE FOLLING STATEMENT THEN SIGN AND DATE

SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIME PUNISHABLE BY A FINE OF UP TO \$10,000.00 OR BY IMPRISONMENT OF UP TO FIVE (5) YEARS OR BOTH FOR MAKING FALSE, FICTITIOUS OR FRAUDULANT STATEMENTS OR REPRESENTATION OR MAKING OR USING ANY FALSE WRITING OR DOCUMENTS IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

THIS MEANS THAT IF YOU, AS AN APPLICANT OR TENANT, KNOWINGLY GIVE THE BLACKFEET HOUSING FALSE INFORMATION ABOUT YOUR INCOME WITHIN TEN (10) DAYS OF A CHANGE YOU MAY BE CHARGED WITH FRAUD UNDER CHAPTER 409.325 AND/OR SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE.

IF, AS A RESULT OF COMMITTING FRAUD, WITH HOLDING INFORMATION OR MAKING A MISREPRESENTATION TO THE BLACKFEET HOUSING, YOU RECEIVE ANY RENTAL ASSISTANCE OR LOWER RENT TO WHICH YOU ARE NOT ENTITLED, YOU WILL BE RESPONSIBLE FOR MAKING RESTITUTION (REPAYMENT) IN FULL TO THE BLACKFEET HOUSING AND MAY BE SUBJECT TO TRIBAL AND FEDERAL PROSECUTION AS WELL. THIS COULD ALSO RESULT IN A FINE, IMPRISONMENT OR BOTH AS WELL AS LOSS OF YOUR ELIGIBILITY FOR ANY OF THIS AGENCY'S HOUSING PROGRAMS.

THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) WILL BE COLLECTING INFORMATION YOU GAVE TO THE BLACKFEET HOUSING AT APPLICATION OR RE-EXAMINATION, HUD WILL COLLECT THE INFORMATION OF THE FORM 50058. THE DATA IT WILL COLLECT INCLUDES NAME, BIRTH DATE, SOCIAL SECURITY NUMBER (SSN), INCOME (BY SOURCE), ASSETS, CERTAIN DEDUCTIBLE EXPENSES AND RENTAL PAYMENTS.

THE PRIVACY ACT OF 1974, AS AMENDED, REQUIRES US TO TELL YOU ABOUT THIS. WE ALSO ARE REQUIRED TO TELL YOU WHAT HUD WILL DO WITH THE INFORMATION.

HUD WILL USE THE INFORMATION TO MANAGE AND MONITOR HUD-ASSISTED HOUSING PROGRAMS. IT ALSO MAY VERIFY WHETHER THE INFORMATION IS ACCURATE AND COMPLETE BY DOING A COMPUTER MATCH.

HUD MAY GIVE INFORMATION TO FEDERAL, STATE AND LOCAL AGENCIES WHEN IT WILL BE USED FOR CIVIL, CRIMINAL OR REGULATORY INVESTIGATIONS AND PROSECUTIONS. HUD ALSO MAY MAKE SUMMARIES OF RESIDENT DATA AVAILABLE TO THE PUBLIC. OTHER THEN THESE USES, HUD WILL NOT RELEASE THE INFORMATION OUTSIDE HUD, EXCEPT AS PERMITTED OR REQUIRED BY LAW.

THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1987, 42 U.S. C. 3543 REQUIRES APPLICANTS AND RESIDENTS TO GIVE THE BLACKFEET HOUSING THE SOCIAL SECURITY NUMBERS OF HOUSEHOLD MEMBERS AT LEAST SIX (6) YEARS OLD. IF YOU ARE AN APPLICANT AND YOU HAVE BEEN ISSUED OR USE A SOCIAL SECURITY NUMBER, AND YOU DON'T NOT GIVE THEM TO THE BLACKFEET HOUSING, THE BLACKFEET HOUSING IS REQUIRED TO REJECT YOUR APPLICATION FOR HOUSING ASSISTANCE. IF YOU ARE RECEIVING HOUSING ASSISTANCE AND YOU HAVE BEEN ISSUED OR USE A SOCIAL SECURITY NUMBER AND YOU DO NOT GIVE THEM TO THE BLACKFEET HOUSING, THE BLACKFEET HOUSING IS REQUIRED TO EVICT YOUR FAMILY OR WITHDRAW YOUR HOUSING ASSISTANCE.

THE NATIVE AMERICAN HOUSING ASSISTANCE AND SELF DETERMINATION ACT OF 1996, AS AMENDED, HR-3219, AND THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1981, P.L. 97-35, 85 STAT., 348, 408 REQUIRE APPLICANTS AND RESIDENTS TO PROVIDE THE OTHER INFORMATION (LISTED ON THE FIRST PARAGRAPH) TO THE BLACKFEET HOUSING. IF YOU ARE AN APPLICANT AND YOU FAIL TO GIVE THE BLACKFEET HOUSING THIS INFORMATION, THE BLACKFEET HOUSING MAY HAVE TO REJECT YOUR APPLICATION OR DELAY ACTING ON IT. IF YOU ARE RECEIVING HOUSING ASSISTANCE AND YOU DO NOT GIVE THE BLACKFEET HOUSING THIS INFORMATION, THE BLACKFEET HOUSING MAY HAVE TO EVICT YOU OR WITHDRAW YOUR HOUSING ASSISTANCE.

I HAVE READ THE ABOVE STATEMENT, OR HAD IT READ AND EXPLAINED TO ME AND UNDERSTAND THE CONSEQUENCES OF NOT CORRECTLY REPORTING MY FAMILY COMPOSITION AND ALL OF MY INCOME, CREDIT & CRIMINAL RECORDS AND ANY CHANGES WITHIN TEN (10) DAYS OF THEIR OCCURRENCE

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

NOTIFICATION OF PENALTY FOR MISREPRESENTATION

Federal regulations establish administrative procedures for imposing civil penalties and assessments against persons who file false claims or statements while applying for benefits. This regulation, which implements the Program Fraud Civil Remedies Act of 1986, applies to all applicants. The Program Fraud Remedies regulations apply to any person or persons who misrepresent or omit information from applications for services, income verification, re-examination or information, family compositions or ages of family members, etc. Such person or persons may be investigated by the Inspector General and may be subject to the following penalties:

1. Up to \$5,000.00 for filing such a claim; or
2. Up to \$5,000.00 plus up to twice the amount of benefits which were fraudulently received; and
3. In any case, whether or not benefits were actually received by the individual/family, or any other remedy, which may be prescribed by law, will still apply. (This means that the fines do not preclude criminal charges or legal actions against the person(s) committing the fraud.)

SOME OF THE AREAS WHERE SUCH FRAUD MAY OCCUR:

1. Families reporting less than all sources of income (e.g., only reporting husbands income when both spouses are working; not reporting all part of part-time income or other seasonal income).
2. Families listing more dependents than are eligible or who live in the household.
3. Families misrepresenting age to either get benefits for "elderly" or claim children as dependents after they reach the age of 18.
4. Families not reporting all assets, such as bank accounts, real estate/home owned.

I HAVE READ AND UNDERSTAND THESE REGULATIONS

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

ATTENTION HEAD OF HOUSEHOLD

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to not the race, ethnicity, and sex of individual applicants on the bases of visual observation or surname.

Ethnicity: Hispanic or Latino _____
 Not Hispanic or Latino _____

Race: (Mark one or more)

- 1. American Indian/Alaskan Native _____
- 2. Asian _____
- 3. Black or African American _____
- 4. Native Hawaiian or
 Other Pacific Islander _____
- 5. White _____

Gender: Male _____
 Female _____

EXPLANATION OF HOW BASIC NECESSITIES ARE MET MONTHLY

Explain exactly HOW each of your expenses is paid.

DO NOT leave any blank, and complete answers are required.

If any items on this form is NOT ANSWERED or response is too vague, *THIS FORM WILL BE RETURNED TO THE HOUSEHOLD FOR CLARIFICATION AND COMPLETENESS*. To prevent a delay in the review of your application please make sure all information is completed.

If yes please have your family , friend or organization that provide you money to meet you basic necessities write a statement on the amount that they assisted you with on a reoccurring basis.

Basic Necessity	Paid By	Amount Due or paid out Monthly	Reoccurring assistance from family, friend or organization
Rent			
DOES THIS AMOUNT INCLUDE UTILITES, IF YES WHAT UTILITIES POWER GARBAGE WATER SETWER OTHER			
Groceries		\$	Yes No
Meals Out		\$	Yes No
Electricity		\$	Yes No
Heating (if other than Electric)		\$	Yes No
Telephone		\$	Yes No
Cell Phone		\$	Yes No
Cable TV or Satellite		\$	Yes No
Water		\$	Yes No
Sewer		\$	Yes No
Automobile Payment		\$	Yes No
Gasoline/Fuel		\$	Yes No
Maintenance & Repairs		\$	Yes No
Insurance (Auto)		\$	Yes No
Insurance (Health, Life)		\$	Yes No
Clothing for Family		\$	Yes No
Laundry & Cleaning Supplies		\$	Yes No
Toiletries (personal hygiene items)		\$	Yes No
Over Counter medication		\$	Yes No
Activities		\$	Yes No
Childcare		\$	Yes No
Child Support		\$	Yes No
Education (school functions, supplies)		\$	Yes No
Pets		\$	Yes No
Allowances		\$	Yes No
Gifts		\$	Yes No
Cigarettes		\$	Yes No
Other		\$	Yes No

The person signing below declares that the information provided on this form is correct and complete

Signature

Date Signed

Signature

Date Signed

UNDER \$5,000 ASSET CERTIFICATION

For household whose combined net assets do not exceed \$5,000

Complete only one form per household, include assets of children

Household Name: _____

Unit No. _____

Development Name: _____

City: _____

Complete all that apply for 1 through 4:

1. My/our assets include

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money Market Fund
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401k Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital Investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as investment**:				_____
\$ _____	_____	\$ _____	Other (List):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement cost, outstanding loans, early withdrawal penalties etc.

**Personal property held as an investment may include, but is not limited to, gem, or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. ☐ Within the past two (2) years, I/We have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between MV and the amount received, for each asset on which this occurred).
3. ☐ I/We have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. ☐ I/We do not have any assets at this time.

The net Family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/We certify information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant

Date

Applicant/Tenant

Date

STUDENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Verification is being delivered in connections with the undersigned's eligibility for residency in the following apartment:

Project Name: _____

Building Address: _____

Unit Number is assigned: _____

I hereby grant disclosure of the information requested below from _____
Name of Education Institution

Signature

Date

Printed Name

Student ID#

Return Form To:

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-name individual a student at this educational institution? YES NO

If so, part-time or full-time? PART-TIME FULL-TIME

If full time, the date the student enrolled as such: _____

Expected date of graduation: _____

I hereby certify that the information supplied in this section is true and completed to the best of my knowledge

Signature: _____

Date: _____

Print Your Name: _____

Tel. #: _____

Title: _____

Educational Institution: _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offence to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

AFFIDAVIT OF NON-EMPLOYMENT STATUS

Tenant Name: _____

In connection with your review of my application for residency at Blackfeet Limited Partnership:
I confirm that:

- ☐ *I am not now employed in any capacity
*I have no intention of becoming employed in the next 12 months
*I am not under any affirmative obligation to obtain employment
*I do not receive un-employment compensation or other benefits as a result of my non-employed status

- ☐ *I am not now employed in any capacity
*I have no intention of becoming employed in the next 12 months
*Based upon my education background, prior employment experience and career training, I anticipate earning *\$_____ over the next twelve months. I anticipate starting employment as a _____ on (date) _____ earning \$_____ per hour working _____ hours per week.

In support of this estimate, I have submitted:

- ☐ Previous years tax return, or
☐ Previous job and salary history.
☐ Previous job and salary history.

Signature

Date

Printed Name