

SONOMA COUNTY COMMUNITY DEVELOPMENT COMMISSION

2nd Dwelling Unit Income Verification Form

To the landlord:

If the applicant to occupy your affordability-restricted second dwelling unit is unable or unwilling to provide a copy of his or her most recent income tax return, please request that the applicant complete and sign this form certifying his or her annual income. The applicant must certify that his or her annual income falls at or below the applicable income limit before you may rent your affordability-restricted second dwelling unit to him or her.

To the applicant:

Please complete and sign this form to certify your annual income. Refer to the IRS 1040 instructions if you require assistance. These are available online at www.irs.gov/pub/irs-pdf/i1040.pdf or at any IRS office.

Head of Household:					
	Family Member				Subtotal (add a-d)
	a. HEAD	b.	c.	d.	e.
1. Wages, salaries, tips					
2. Taxable interest					
3. Dividend income					
4. Taxable refunds/credits/offsets of state and local income taxes					
5. Alimony received					
6. Business income (or loss)					
7. Capital gains (or losses)					
8. Other gains (or losses)					
9. Taxable amount of IRA distributions					
10. Taxable amount of pensions and annuities					
11. Rental real estate, royalties, partnerships, trusts, etc.					
12. Farm income (or loss)					
13. Unemployment compensation					
14. Taxable amount of Social Security benefits					
15. Other income					
16. Subtotal (lines 1-15)					
17. IRA deduction					
18. Medical savings account deduction					
19. Moving expenses					
20. One-half of self-employment tax					

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21. Self-employed health insurance deduction					
22. Keogh and self-employed SEP and SIMPLE plans					
23. Penalty on early withdrawal of savings					
24. Paid alimony					
25. Subtotal (lines 17-24)					
26. Subtract line 25 from line 16. This is Adjusted Gross Income.					

I/we hereby declare under penalty of perjury under the laws of the State of California that to the best of my/our knowledge, the foregoing is true, correct and complete. I/we understand that this information will be used to determine my/our eligibility to occupy an income-restricted unit in accordance with the provisions of the Sonoma County Code.

Executed at: _____, CA
City

On: _____
Date

By: _____
Signature

Signature

Applicant Name (Please Print)

Co-Applicant Name (Please Print)