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## **ROSEVILLE HOUSING AUTHORITY**

311 VERNON STREET • ROSEVILLE, CA 95678 (916) 774-5270 • TDD (916) 774-5220 • FAX (916) 746-1295

## TIP AFFIDAVIT

In order to comply with federal regulations, requesting verifications of all income, assets and allowances for Housing Choice Voucher recipients, please complete the following information:

		My employment does not g	enerate any tip income.		
		My estimated weekly earning used to determine my annu	gs in tips are \$ This amount will be all gross income.	<b>;</b>	
	Place	e of employment:			
•			nade to verify this information through the above namention that I have given on the Tip Affidavit is accurate.		
•	<ul> <li>I understand that supplying false information or withholding information is fraud and is punishable under Federal regulations.</li> </ul>				
•		nds for termination from th	fying or withholding of information may constitute Housing Choice Voucher rental assistance	<b>)</b>	
Print I	Name (	of Household Member			
Signature of Household Member			Date		