TIP INCOME AFFIDAVIT

Apartment Nu	mber:		
Applicant / Re	esident Name:		
I confirm that:			
	My employment does not go	enerate any tip income.	
	My estimated weekly earn used to determine my annua		, this amount will be
procedure to d	that this certification and supporti letermine eligibility for residency and h of the lease and subjects me to im-	nd that any misrepresent	• •
	of perjury, I certify the above renderstands l.	-	-
Subscribed an	d Sworn to before me this	day of	, 20
Notar	y Public in and for		
Му Со	ommission Expires		

