



HOUSING DECLARATIONS P-38 (B) INCOME CERTIFICATION FORM

Development Services

Planning Division
1635 Faraday Avenue
442-339-2600
www.carlsbadca.gov

State Law (G.C. Section 66300 et. seq.) requires that when a development proposes to remove existing residential units, that certain households residing in those existing housing units may be eligible for relocation and housing assistance. This form will help determine your household's eligibility. If you have any questions or need assistance with completing this form, please contact the Housing & Homeless Services Department at (442) 339-2810 or housing@carlsbadca.gov.

| | | | | | |
|--|--|-----------------------|----------------------------|---|--|
| ADDRESS: | | BEDROOM COUNT: | | HOUSEHOLD SIZE: | |
| RENT \$: | | MOVE-IN DATE: | | (Include all adults & children) | |
| NAME | | AGE | ANNUAL GROSS INCOME | SOURCE (Employment, Child Support, Disability, etc.) | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| Total Annual Household Income from all Sources: | | | \$ | | |

CERTIFICATION

APPLICANT CERTIFICATION

I/We, _____ (name) have read the information submitted above and certify that the information is accurate and complete to my/our knowledge.

Name

Signature

Date

Name

Signature

Date

TENANT CERTIFICATION

I/We, _____ (name) certify that I/we currently reside at _____, and that my/our household's **annual gross income** is \$ _____. I/We have read the information submitted above and certify that the information is accurate and complete to my/our knowledge. I/We understand that persons living in this residence may be eligible for relocation and housing assistance, and additional documentation may be requested to determine my/our eligibility.

Name

Signature

Date

Name

Signature

Date