

## Certification of Section 3 Annual Income

### Part I – Employer Information

Idaho Housing and Finance Association follows Part 5 Annual Gross Income, also known as Section 8 Income, to calculate income for all Federal Program recipients, including HOME, Housing Trust Fund, and the Neighborhood Stabilization Program. Employer must retain this completed form and any other collected income documentation for a minimum of five (5) years.

Net income or any kind of adjusted income is not permitted. Income calculation requirements and instructions are located on IHFA's Section 3 website: [Section 3 Income Certification and Calculation](#)

1. Name of employer	2. Address of employer
3. Main phone number	4. Type of business or trade

### Part II – Worker Information

5. Name of worker certification applies to	6. Workers present position
7. Workers hire date	8. Rate of pay at hire

9. Current **Gross** Base Pay – Specify whether the amount disclosed for current base pay is annual, weekly, or per pay period, and whether it's hourly, salary, or some other type of contract pay. Please check the applicable boxes.

Total Pay:	Annual	Type:	Frequency:
	Weekly	Hourly	Bi-weekly
Total \$ _____	Per Pay Period	Salary	Semi-monthly
		Other (Specify) _____	Weekly
			Monthly

10. Gross earnings from all types of pay worker has received

Pay Type	Current Year to Date Thru _____	Past Year	
Base Pay			11. Is overtime likely to continue? Yes    No
Overtime			12. Is Bonus income, commissions, or any other type of other income likely to continue? Yes    No
Commissions			13. Date of applicants next expected pay increase _____
Bonus/Incentive			14. Date of applicants last pay increase _____
Other			15. Amount of last pay increase _____
TOTAL			

16. Comments – If the worker was off work and not receiving pay for any length of time, please indicate time period and reason (FMLA, temporary lay-off, etc.). If the worker was receiving short term disability, workman's comp, or any other type of temporary income (not including paid sick or vacation time), specify amount of income the worker was receiving, start and end dates for the other income received, and reason.

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**Part III – Employer Certification**

**WARNING: Title 18, Section 1001 of the U.S. Code states that it is a crime to knowingly and willfully make any materially false, fictitious or fraudulent statement or representation to any organization or institution within the jurisdiction of any department of the United States Government.**

**Authorized Signature** - Must be an authorized signatory for employer.

17. Signature of Employer	18. Title	20. Date
19. Print name signed on line 17	19. Direct phone number	

Please direct any questions regarding income calculation, income limits, and qualification to the nonprofit or developer in charge of the Section 3 project. The developers will assist with the qualification process, and will contact IHFA for any additional clarification, as needed. You may also visit our Section 3 website (<https://www.idahohousing.com/federal-programs/section-3/>) or reference the Exhibit G in our current Administrative Plan (<https://www.idahohousing.com/federal-programs/home-program/>) for more information.