



**ROSEVILLE HOUSING AUTHORITY**

316 VERNON STREET, STE. 150 • 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 generate any tip income.
- My estimated earnings in tips are \$\_\_\_\_\_
  - weekly
  - bi-weekly
  - monthly.

This amount will be used to determine my annual gross income.

Place of employment: \_\_\_\_\_

- I understand that attempts will be made to verify this information through the above named source and I certify that the information that I have given on the Tip Affidavit is accurate.
- I understand that supplying false information or withholding information is fraud and is punishable under Federal regulations.
- **I also understand that such falsifying or withholding of information may constitute grounds for termination from the Housing Choice Voucher rental assistance program.**

\_\_\_\_\_  
Print Name of Household Member

\_\_\_\_\_  
Signature of Household Member

\_\_\_\_\_  
Date