

# Downpayment Plus® Program

## Certification of Tip Income

---

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please check as appropriate:

I certify that as a \_\_\_\_\_ (position) at \_\_\_\_\_ (employer).

I do not directly or indirectly receive tip income.

I received tip income, directly or indirectly, of \_\_\_\_\_ over the preceding \_\_\_\_\_ months.

Under penalty of perjury, I certify that the information presented above is true and accurate. I understand(s) that providing false representations herein may constitute an act of fraud. I acknowledge the information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through the Downpayment Plus Program. I will fully cooperate with the lender to provide or obtain any necessary documents to confirm the information given.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name