



**Town of Madison
Affordable Housing
Application for Certification of Income**

Purchaser Name(s): _____

Property Address for Purchase: _____

Development Name: _____

Vision Unique ID: _____

Current Address: _____

Phone Number: _____

Email : _____

Listing Agent: _____

Listing Agent Contact Number: _____

Listing Agent Email: _____

Purchase Price: _____

How many people will live in the home: _____

Please attach most current complete (all pages) federal income tax forms for all income earners in the household.

Please attached three months of paystubs or proof of income for any sources of income, including earnings, social security, railroad retirement, pensions, interest, dividends for all members of the household.

By signing below, I agree that the information provided is accurate to the best of my ability. I understand that the process will take roughly 10 business days, and that if information is mission or inaccurate, the time to certify income will be increased. I understand that the Town of Madison is not responsible for the sale price of my home. I also attest that all requirements and processes of any deed, deed restrictions, related Affordable Housing Plan and CT State Statutes 8-30g will be met, including those at the time of resale of this property.

Signature

Print Name

Date

-----For Official Use Only-----

Received by: _____ Date: _____

Affordable Housing Review (Initial & Date): _____

Planning & Zoning Review (Initial & Date): _____