MARINELAND MOBILEHOME PARK
INCOME CERTIFICATION- 2010

We understand that completing this profile will assist the non-profit in determining property tax abatement and preserving the park's tax-exempt status based on household income.

1. There is/are ____________ person(s) in our household. There are ____________ bedrooms in our mobilehome.

2. My/our home is a (check one): __________ single-wide __________double-wide __________triple-wide

3. The total combined income of our household from all sources* annually is (please check one of the spaces below): (Please use the amount from line 22 of form 1040 tax return, Line 15 from 1040A, or Line 4 from 1040EZ. If you are not required to file a return be sure to include All types of income listed below*)

_______Less than $17,400	_______ Less than $37,300	_______ Less than $60,500
_______Less than $19,900	_______ Less than $41,400	_______ Less than $66,250
_______ Less than $22,400	_______ Less than $44,750	_______Less than $68,050
_______ Less than $24,850	_______ Less than $46,400	_______ Less than $71,550
_______ Less than $26,850	_______ Less than $48,050	_______ Less than $75,600
_______ Less than $28,850	_______ Less than $52,900	_______ Less than $76,850
_______ Less than $29,000	_______ Less than $53,000	_______ Less than $81,650
_______ Less than $33,150	_______ Less than $59,650	_______ $81,651 or more

*<u>INCLUDES:</u>

Wages/Salary including overtime, Commissions and Fees, Tips and Bonuses, Interest and Dividends, Social Security, Alimony and Child Support, Gifts and Contributions, Military Pay and Income Tax Credits, Disability Payments, Pensions.

<u>DOES NOT INCLUDE:</u>

Medical Reimbursements, Scholarships, Combat Pay, Government Relocation Payments, Foster Care Payments, Food Stamps, Job Training Act Payments, Low-Income Home Energy Assistance Payments.

4. (a) Do the person(s) whose incomes are listed in item #3, above, have savings, stocks, bonds or equity in real property with a combined total value exceeding $5,000 **(DO NOT INCLUDE YOUR HOME).**

_______ Yes _______ No

(b) If Yes, enter the amount of income expected to be received from such assets in the next 12 months: $________________________________.

(c) Enter the amount of such income that is **already included in item #3** above: $________________.

5. My/Our current mortgage payment (if any) is $____________________.
6. My/Our annual property tax payments are approximately $____________________.
7. My/Our monthly utility bill total (water, natural/propane gas, electricity) is approximately $____________________.

8. (a) Are **ALL** of the persons in the household Full-Time Students? _______Yes _______No

(b) **If the answer to 8(a) is Yes,** are at least two (2) of the occupants, husband and wife, entitled to file a joint federal income tax return? _______Yes _______No

9. How many persons in the household are age 55 or older? ________________________

The information provided above is true and correct to the best of my/our knowledge. **SPACE #**__________________

________________________________ ____________ ________________________________ ____________

Head of Household Signature Date Second Head of Household Signature Date

________________________________ ________________________________

Printed Name Printed Name

Please return Income Certification to: Millennium Housing 20 Pacifica, Suite 1470 Irvine, CA 92618