

STATE OF COLORADO

DEPARTMENT OF TRANSPORTATION



Project Code:
Parcel No:
Project No:
Location:

CERTIFICATION OF TOTAL MONTHLY GROSS HOUSEHOLD INCOME 90 Day Occupant (Owner or Tenant) or less than 90 Day Occupant (Owner or Tenant)

The term household income means total gross income received for a 12 month period from all sources (earned and unearned) including, but not limited to wages, salary, child support, alimony, unemployment benefits, workers compensation, social security, or the net income from a business. It does not include income received or earned by dependent children and full time students less than 18 years of age.

The undersigned hereby certifies that the information provided below is the total monthly gross household income from all sources. The undersigned hereby authorizes the Colorado Department of Transportation and its employees or agents to check any source to determine the accuracy of any statement contained herein.

This form may be completed separately by each individual household occupant.

The base monthly rental shall be used for persons refusing to provide appropriate evidence of income.

INCOME	AMOUNT	NAME AND PHONE NUMBER OF CURRENT EMPLOYER	
		Name:	
		Phone Number:	
Wages/Salary	\$		
Child Support	\$		
Alimony	\$		
Unemployment Benefits	\$		
Workers Compensation	\$		
Social Security	\$		
Net Income from a Business	\$		
Other (list below)			
.....	\$		
.....	\$		
Total Monthly Gross Household Income	\$		
Name (please print)			
Signature	Date	Signature	Date
Social Security Number		Social Security Number	

cc: Project Development Branch (ROW Services) - original
Region ROW
Displaced Owner/Tenant

CDOT Form #1185
05/17