



600 Park Avenue
 Bremerton WA 98337
 (p) 360-479-3694
 (f) 360-616-2927
 www.bremertonhousing.org

Certification of Tips Received and Anticipated

Household Member who receives tips: _____

Employer Name: _____

I certify that the following is a list of my tips received over the last 12 months and anticipated tips for the coming year. I understand that when the household income changes, I am required to report the change to the Housing Authority of the City of Bremerton within 10 days. Please complete the following table, insert the amount of tips that you received for each of the months listed;

Month	Year	Amount
January		\$
February		\$
March		\$
April		\$
May		\$
June		\$
July		\$
August		\$
September		\$
October		\$
November		\$
December		\$
Total	-----	\$

Please estimate the amount of tips that you anticipate on receiving in the coming year:
 \$ _____

7-III.A. EARNED INCOME: Tips - BHA Policy

Unless tip income is included in a family member's W-2 by the employer, persons who work in industries where tips are standard will be required to sign a certified estimate of tips received for the prior year and tips anticipated to be received in the coming year.

I certify that the information I provided in this form is true and complete.

Signature of Head of Household

Date

Other Adult Member

Date

Other Adult Member

Date



Bremerton Housing Authority does not discriminate on the basis of race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs.
 Equal Opportunity Employer.

If you need to request a reasonable accommodation, contact the BHA Section 504 Coordinator at (360) 616-7122. TTY: (360) 377-8606

