##### Exhibit NV-2b

###### Certification of Tip Income

**NOTE:** This form to be utilized **only** if tips cannot be verified through VOE or Paystubs or if additional tips are received and not reported by the employer.

**(File must include documentation of all verification attempts prior to utilizing Exhibit NV-2b)**

| Applicant/Resident Name: |  | Date: |  |
| --- | --- | --- | --- |

The information provided below will be used to calculate annual gross income to determine initial eligibility to reside in this IRS Sec. 42 property.

|  | My employment does not generate any tip income. |
| --- | --- |

|  | My estimated weekly earnings in tips are | $ |
| --- | --- | --- |

| This amount will be prorated to determine my annual gross income. |
| --- |

I certify that the information provided above is true to the best of my knowledge and belief; and that by providing false information I forfeit the lease and my eligibility to reside at this housing facility.

| Signature of Applicant/Resident |  | Date |
| --- | --- | --- |

| Signature of Authorized Property Representative |  | Date |
| --- | --- | --- |