

**MARINELAND MOBILEHOME PARK  
INCOME CERTIFICATION-2005/2006**

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 \_\_\_\_\_ persons 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):

_____ Less than \$13,750	_____ Less than \$29,500	_____ Less than \$52,400
_____ Less than \$15,700	_____ Less than \$32,750	_____ Less than \$52,900
_____ Less than \$17,700	_____ Less than \$35,350	_____ Less than \$56,600
_____ Less than \$19,650	_____ Less than \$36,700	_____ Less than \$59,500
_____ Less than \$21,200	_____ Less than \$38,000	_____ Less than \$60,800
_____ Less than \$22,800	_____ Less than \$41,900	_____ Less than \$65,000
_____ Less than \$22,950	_____ Less than \$46,250	_____ Less than \$66,100
_____ Less than \$26,200	_____ Less than \$47,150	_____ \$66,100 or more

**\*INCLUDES:**

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.

**DOES NOT INCLUDE:**

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