



TENANT INCOME CERTIFICATION

PROGRAM: _____

Please check which one applies:
(This certification is a part of the application process and does not guarantee occupancy).

Initial Certification Annual Recertification

Project Address: _____ Apt. #: _____ # of Bedrooms: _____ Household Size: _____

Are you currently receiving rental assistance under Section 8 or any other subsidized program?

Yes No Section 8 (1) HOME TBRA (2) Other Assistance (3) _____

Tenant Paid Rent: \$ _____ Rental Assistance: \$ _____ Utility Allowance: \$ _____ Total/Contract Rent: \$ _____
(Tenant Paid Rent plus Rental Assistance)

PART I: HOUSEHOLD COMPOSITION AND INCOME/PROGRAM ELIGIBILITY DATA

A. HOUSEHOLD COMPOSITION

Name of Members of Household (List all -use additional sheets if necessary)		Relationship to Head of Household	Date of Birth (MM/DD/YY)	Social Security #/or Alien Registration #	Full Time Student (Y/N)	Employed (Y/N)
Last Name	First Name & M.I.					
		HEAD				

B. SOURCES OF HOUSEHOLD INCOME (USE ANNUAL AMOUNT)

ASSETS (such as savings, stocks, bonds, real estate and other investments)			
Household Member	Asset Description/Type	Current Cash Value	Actual Income from Assets
1. Net Cash Value of Assets		1. \$ _____	
2. Total Actual Income from Assets			2. \$ _____
3. If line 1 is greater than \$5,000, multiply line 1 by 0.81% passbook rate and enter result here; otherwise leave blank			3. \$ _____
4. a. Do you own improved property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Address _____			
c. Approximate Value \$ _____			

GROSS ANNUAL INCOME					
Household Member	a. Employment/ Wages	b. Social Security/Pensions	c. Public Assistance	d. Other Income	e. Asset Income
5. Totals	a. \$ _____	b. \$ _____	c. \$ _____	d. \$ _____	e. \$ _____
6. TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES (Add items 5a through 5e and enter result here)					6. \$ _____

Enter the greater of lines 2 or 3 in line 5e below

C. FULL TIME STUDENT/STUDENT DEPENDENT STATUS

- 7a. Will all of the household members be or have they been full-time students during five calendar months of this calendar year at an educational institution (other than a correspondence school) with regular faculty and students?
 Yes No
- b. Is any such person (other than non-resident aliens) married and eligible to file a joint federal income tax return?
 Yes No
8. Are you a student dependent? Yes No
 (Note: Student Dependents do not qualify as Eligible Tenants unless the taxpayer upon whom the student in question is dependent resides in the unit.)

PART II: HOUSEHOLD CHARACTERISTICS

(Please check appropriate answer for the following:)

The Head of Household is: 1-Single/Non-Elderly 2-Elderly 3-Related/Single Parent
 4-Related/Parent 5-Other

Race/Ethnicity:

(This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws.)

RACE: White (11) Black/African American (12) Asian (13) American Indian or Alaska Native (14)
 Native Hawaiian or Other Pacific Islander (15) American Indian or Alaska Native AND White (16)
 Asian AND White (17) American Indian/Alaska Native AND Black/African American (19)
 Black/African American AND White (18) Other Multi Racial (20): _____

HISPANIC/LATINO ETHNICITY: Yes No
 Yes, Mexican/Chicano Yes, Cuban Yes, Puerto Rican Yes, Hispanic/Latino Other _____

Size of Household: (Please circle which one applies)
 1 2 3 4 5 6 7 8 or more

PART III: TENANT CERTIFICATION

I/We certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

[Signature of all persons (except children under the age of 18 years) listed in Part I(A) above required]

_____ Signature of Head of Household	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

WARNING: Under Title 18 United States Code Section 1001, Section 1010, Section 1012, and Title 31 United States Code Section 231, Section 3729, Section 3802, it is a crime to knowingly make false statements to an agency of the United States federal government. The willful falsification of the above statements on this form, may subject the person making the false statements to civil and/or criminal penalties.

PART IV: OWNER/AGENT CERTIFICATION

Based on the income information provided by the household and verified by me or my authorized agent, I certify that the household identified above, qualifies at the following income level:

____ 35% of Median Income ____ 40% of Median Income ____ 50% of Median Income
 ____ 60% of Median Income ____ 65% of Median Income ____ 80% of Median Income
 ____ over 80% of Median Income ____ Other _____

Annual Income \$ _____ Applicable Maximum Income Limit \$ _____ Monthly Rent \$ _____
 Number of bedrooms (Please Circle): Studio 1 2 3 4 5

Date: _____

Owner/Agent Signature: _____