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No electronic signatures will be accepted. Please use blue or black ink.



REQUEST FOR INCOME CERTIFICATION

Requests for Income Certifications are **ONLY** accepted from the owner or duly authorized agent. HCIDLA will respond within ten (10) business days after a complete application and all documentation are received. Incomplete applications will be denied after five (5) business days from the date notified of the missing documentation. Additional documentation may be requested by the reviewer for final determination.

To: Los Angeles Housing + Community
Investment Department (HCIDLA)
Occupancy Monitoring Unit
E-mail: hcidla.occmonitor@lacity.org

From: _____ Date: _____
☐ Owner ☐ Duly Authorized Agent
Phone: (____) _____
Email: _____ @ _____

Project Name: _____

Street Address: _____ City: _____ State: CA Zip: _____

Name of Applicant(s): #1 _____ #2 _____ #3 _____ #4 _____

Number of Adults (over 18): _____ Number of Children (under 18): _____ Number of Bedrooms: _____

Maximum Allowable Income for this Unit: Moderate: \$ _____ Low: \$ _____ Or Very Low: \$ _____

Unit Number: _____ Unit Rent \$ _____ Homeless: ☐

For Each Applicant Over 18 Years Old	Applicant #1	Applicant #2	Applicant #3	Applicant #4	TOTAL
Adjusted Gross Income for the Past Year	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Current Monthly Income	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Projected Income for Current Year	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

***If project/unit is 100% restricted by TCAC, you are not required to submit application to HCIDLA for the income certification.**

Check the box to indicate that the following items, required of each household member over 18 years of age, are attached:

- Provide all of the following forms signed by each household member over 18 years of age:
 - ☐ Tenant Income and Rent Certification Form (TIRC)
 - ☐ Applicant and Owner/Duly Authorized Agent Statement
 - ☐ Conflict of Interest Form
 - ☐ Asset Certification Form
 - ☐ IRS Form 4506-T
- If employed, provide the following documents:
 - ☐ Copies of two (2) most recent payroll stubs
 - ☐ Signed copies of two (2) most recent income tax returns or W-2 forms
 - ☐ Bank statements for the six (6) most recent months-all pages
 - ☐ Verification of Employment form completed by employer with company stamp or business card attached
- If self-employed, provide the following documents:
 - ☐ Signed copies of two (2) most recent years income tax returns (1040 or 1099)
 - ☐ Current six (6) month profit and loss statement prepared by an accountant AND notarized statement of future income
 - ☐ Bank statements for the six (6) most recent months-all pages
- If a household member over 18 years of age is not employed or receiving other benefits, provide:
 - ☐ Certification of Zero Income form
 - ☐ Signed copies of two (2) most recent income tax returns or W-2 forms
 - ☐ Verification of Full-Time Student status form
 - ☐ Proof of any income (e.g., Social Security, Award Letter, unemployment checks, child support)
 - ☐ Bank statements for the six (6) most recent months-all pages

For Preparer Use Only

Owner/Duly Authorized Agent of this Request has determined that the above household is an Eligible Household and requests that the HCIDLA certify its selection. All supporting documentation is attached to this application. I certify that the applicant has not moved into the unit and will not move into the unit until the application is approved.

Owner/Duly Authorized Agent's Title: _____

Owner/Authorized Agent's Name (Print)	Owner/Authorized Agent's Signature
---------------------------------------	------------------------------------

For HCIDLA Use Only

HCIDLA has determined that the above applicant is
☐ an Eligible Household ☐ not an Eligible Household (see below)
The applicant was not eligible for the following reason(s):

- ☐ income exceeds limit
- ☐ information was incomplete or incorrect
- ☐ necessary documents were not provided
- ☐ occupancy standards were not met
- ☐ other _____

DENIAL IS FINAL AND CANNOT BE APPEALED.

Please submit a new application for a qualified household within 30 days.

HCIDLA Reviewer: _____ Date: _____



TENANT INCOME AND RENT CERTIFICATION FORM (TIRC)
LOS ANGELES HOUSING + COMMUNITY INVESTMENT DEPARTMENT

This form is to certify: 1) rent charged and 2) household income eligibility to participate in one of the City of Los Angeles' affordable housing programs. Both the owner/duly authorized agent and the head-of-household must complete, sign, and date the form. Income for all adults (over 18 years old) household members must be reported. For some programs, household income certification is required on an annual basis.

PART A. GENERAL PROPERTY INFORMATION

Project Name:

Property Address:

City:

State: CA Zip:

Owner Name:

Owner Address:

Phone:

PART B. UNIT AND HOUSEHOLD INFORMATION

Unit #	No. of Bedrooms	Move in Date	Certification Type (select one)
			<input type="checkbox"/> New Tenant Date _____
			<input type="checkbox"/> Household Change Date _____

Income % Level			Utilities paid by tenant	
<input type="checkbox"/> 30	<input type="checkbox"/> 35	<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Basic Electricity	<input type="checkbox"/> Gas Water Heating
<input type="checkbox"/> 40	<input type="checkbox"/> 45	<input type="checkbox"/> Very Low	<input type="checkbox"/> Electric Heating	<input type="checkbox"/> Gas Heating
<input type="checkbox"/> 50	<input type="checkbox"/> 60	<input type="checkbox"/> Low	<input type="checkbox"/> Electric Cooking	<input type="checkbox"/> Gas Cooking
<input type="checkbox"/> 80	<input type="checkbox"/> 120	<input type="checkbox"/> Moderate	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Water
	<input type="checkbox"/> 150			

(1) Tenant Portion of Rent	(2) Rental Subsidy	Total Unit Rent (1+2)
\$ _____	<input type="checkbox"/> Project Based Rental Subsidy \$ _____	\$ _____
	<input type="checkbox"/> Housing Choice Voucher \$ _____	
	<input type="checkbox"/> Shelter Plus Care \$ _____	
	<input type="checkbox"/> Other Rental Subsidy \$ _____	

PART C. PROJECTED HOUSEHOLD ASSET INCOME

*Documentation on File: Yes ☐ No ☐

1. Applicant #	2. Asset Type/ Last Four Digits of the Account #	3. Net Cash Value of Asset (NCV)	4. Actual Asset Income
1			
2			
3			
4			
5			
6			

5. Total (column 4) Actual Income from Assets: _____

6. Total (column 3) NCV of Assets: _____

7. If Item #6 is greater than \$5000, multiply by 0.06 % (HUD Passbook Rate) enter the results here; otherwise leave blank. _____

8. Enter the greater of 5 or 7 from above: _____

PART D. HOUSEHOLD COMPOSITION AND GROSS ANNUAL INCOME

RACE of Head of Household (Check all that apply) ☐ I decline to furnish this info.

☐ American Indian or Alaska Native ☐ Black or African American
☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other

Ethnicity of Head of Household (Check one) ☐ I decline to furnish this info.

☐ Non-Hispanic or Latino ☐ Hispanic or Latino

Household Size	(1) Name of Applicant(s) (Include students and/or other temporary absentee family members)	Relationship (to Head of Household)	Gender	Age	(2) Projected Annual Household Income			
					Type of Income* (see page 3 of 15)	*Is supporting Documentation on File?	Current Monthly Gross Income	Projected Gross Annual Income
1		H of H				Yes <input type="checkbox"/> No <input type="checkbox"/>		
2						Yes <input type="checkbox"/> No <input type="checkbox"/>		
3						Yes <input type="checkbox"/> No <input type="checkbox"/>		
4						Yes <input type="checkbox"/> No <input type="checkbox"/>		
5						Yes <input type="checkbox"/> No <input type="checkbox"/>		
6						Yes <input type="checkbox"/> No <input type="checkbox"/>		

Applicant's Phone number:

(3) Total Projected Household Income: _____

E-mail:

(4) Enter the amount from Part C-8 as "Total Asset Income": _____

(5) Total Income: _____

PART E. APPLICANT AND OWNER/DULY AUTHORIZED AGENT ACKNOWLEDGEMENTS

Under penalty of perjury, I certify that the information I provided about my household income is true and accurate to the best of my knowledge. Title 18, Section 1001 of the U.S. Code states "a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government." I further agree to provide any income source document item that is required to establish my eligibility, comply with terms of my lease, and avoid potential rent increases.

I certify that I have verified each source and amount of gross income this household has declared. I find the household to be eligible to occupy a restricted unit.

☐ Owner

☐ Duly Authorized Agent

Head of Household Signature

Date

Signature _____ Date _____

Co-head of Household / Other Adult Signature

Print Name _____

PART F For HCIDLA Use Only

HCIDLA has determined that the above applicant is an Eligible Household. This TIRC is valid when signed by HCIDLA Staff.

Save this certification for your annual reporting to Urban Futures Bond Administration.

HCIDLA Reviewer: _____ Date: _____

DEFINITIONS	
<i>(Complete definitions are available from the property representative or the United States Department of Housing and Urban Development Technical Guide – "Determining Income and Allowances")</i>	
Part C Assets (Calculate above)	Cash or non-cash items that can be converted to cash. The total market value of any checking or savings accounts, IRAs, stocks, bonds, trusts controlled by a family member, equity in real property, and other forms of capital investment (excluding furniture and automobiles).
Part D	Type of Income
Job	Amount before any deductions of wages and salaries, overtime pay, commissions, fees, tips and bonuses.
Self-Employment	Net income from the operation of a business or from the rental of property. Some business expenses can be used as deductions in determining net income.
Social Security	The full amount of payments from social security, annuities, insurance policies, retirement funds, pensions, disability, or death benefits, or other similar payments.
Unemployment	Payments such as unemployment and disability compensation, worker's compensation and severance pay.
Welfare	Welfare Assistance payments, excluding the value of food stamps.
Alimony/ Child Support	Alimony, child support payments, and regular contributions or gifts from persons not residing in the dwelling.
Trust fund	Any income from any trust not controlled by a family member.
Military pay	All regular pay, special pay and allowances of a member of the Armed Forces.
Other	List any other income.

*** Income Source & Documentation- Submitted and on File for**

Head of Household

Wages/Salaries	Self-Employment	Pension/Benefits / Public Assistance	Assets	Other
<input type="checkbox"/> Pay stubs	<input type="checkbox"/> Tax schedule/return	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Child Support/Alimony
	<input type="checkbox"/> IRS 450GT	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Military Pay
		<input type="checkbox"/> Unemployment		
		<input type="checkbox"/> Welfare		
		<input type="checkbox"/> SS, SSI, SSDI		

Applicant #2

Wages/Salaries	Self-Employment	Pension/Benefits / Public Assistance	Assets	Other
<input type="checkbox"/> Pay stubs	<input type="checkbox"/> Tax schedule/return	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Child Support/Alimony
	<input type="checkbox"/> IRS 450GT	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Military Pay
		<input type="checkbox"/> Unemployment		
		<input type="checkbox"/> Welfare		
		<input type="checkbox"/> SS, SSI, SSDI		

Applicant #3

Wages/Salaries	Self-Employment	Pension/Benefits / Public Assistance	Assets	Other
<input type="checkbox"/> Pay stubs	<input type="checkbox"/> Tax schedule/return	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Child Support/Alimony
	<input type="checkbox"/> IRS 450GT	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Military Pay
		<input type="checkbox"/> Unemployment		
		<input type="checkbox"/> Welfare		
		<input type="checkbox"/> SS, SSI, SSDI		

Applicant #4

Wages/Salaries	Self-Employment	Pension/Benefits / Public Assistance	Assets	Other
<input type="checkbox"/> Pay stubs	<input type="checkbox"/> Tax schedule/return	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Child Support/Alimony
	<input type="checkbox"/> IRS 450GT	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Military Pay
		<input type="checkbox"/> Unemployment		
		<input type="checkbox"/> Welfare		
		<input type="checkbox"/> SS, SSI, SSDI		

(Please attach additional pages if more than 4 adult applicants are applying.)

APPLICANT STATEMENT

I hereby swear that the information in this application is true and complete to the best of my knowledge. I have disclosed all income and assets, and any inquiries may be made to verify the statements I submitted herein; failure to disclose assets will be grounds for denial. I further understand that a misrepresentation of my income or the income of anyone else in the household may constitute a default in the agreement under which the unit will be occupied and may be cause for the disqualification of the agreement, pursuant to California's unlawful detainer procedures.

I understand that it is a crime, punishable by up to four years in prison, to swear to facts which are not true and complete to the best of my knowledge. Furthermore, I understand that Title 18, Section 1001 of the U.S. Code states "**a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**" In addition, making false statements is a felony under **California State Law (Penal Code Section:115, 118, 487, 532)** and may result in criminal charges including perjury, grand theft, filing false documents with a public office, and obtaining money under false pretenses."

I have been advised that as part of the application process, Housing + Community Investment Department may conduct a comprehensive background check.

_____ Applicant Name (Print)	_____ Applicant Signature	_____ Date
_____ Applicant Name (Print)	_____ Applicant Signature	_____ Date
_____ Applicant Name (Print)	_____ Applicant Signature	_____ Date
_____ Applicant Name (Print)	_____ Applicant Signature	_____ Date

OWNER/DULY AUTHORIZED AGENT STATEMENT

I have read and understand the information in the "Request for Income Certification" document.

As the owner/manager, I certify that I have verified the income information in this application package. Furthermore, I certify that the income submitted in the Request for Income Certification does not exceed the allowable income limits specified in the recorded covenant for the restricted unit.

_____ Owner/Duly Authorized Agent Name (Print)	_____ Title (Print)	_____ Owner/Duly Authorized Agent Signature	_____ Date
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CONFLICT OF INTEREST FORM

The Regulatory Agreement and/or Covenant Agreement Running with the Land ("Agreement") recorded against this Project restricts all or some unit(s) for Income Eligible Households. The Agreement also includes Conflict of Interest restrictions. Per the Agreement, Owner is prohibited from renting Restricted Unit(s) to certain individuals.

Please read and initial beside EACH statement to indicate that you have read, understand, and agree with each statement.

I hereby certify, under penalty of perjury, that

- _____ (a) I am NOT an Owner, developer, or sponsor of the Project
- _____ (b) I am NOT an officer, employee, agent or consultant, or elected or appointed official of an Owner, developer or sponsor of the Project
- _____ (c) I am NOT a member of the Immediate Family of any such person described in subsections (a) and (b)

WARNING: Title 18, Section 1001 of the U.S. Code states "a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government."

**VIOLATORS WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW AND
WILL BE PROHIBITED FROM PARTICIPATING IN ANY AND ALL CITY HOUSING
PROGRAMS.**

Applicant Name (Print)

Applicant Signature

Date

Applicant Name (Print)

Applicant Signature

Date

Applicant Name (Print)

Applicant Signature

Date

Applicant Name (Print)

Applicant Signature

Date

For Owner/Duly Authorized Agent:

I have read, reviewed, and understand the information provided in this form. As the Owner or duly authorized agent of Owner, I hereby certify, under penalty of perjury, that I have verified the information provided on this form and that it is true and accurate to the best of my knowledge.

Owner/Duly Authorized Agent Name (Print)

Owner/Duly Authorized Agent Signature

Date

Part 5 Annual Income Net Family Asset Inclusions and Exclusions

"Promote the development and preservation of decent and affordable housing in Los Angeles"

INCLUSIONS	EXCLUSIONS
<ol style="list-style-type: none"> 1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance. Assets held in foreign countries are considered assets. 2. Cash value of revocable trusts available to the applicant. 3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset. Under HOME, equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects. 4. Cash value of stocks, bonds, Treasury bills, certificates of deposit, mutual funds and money market accounts. 5. Individual retirement 401(K) and Keogh accounts (even though withdrawal would result in a penalty). 6. Retirement and pension funds. 7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy). 8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc. 9. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments. 10. Mortgages or deeds of trust held by an applicant. 	<ol style="list-style-type: none"> 1. Necessary personal property, except as noted in number 8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities. 2. Interest in Indian trust lands. 3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset. 4. Equity in cooperatives in which the family lives. 5. Assets not accessible to and that provide no income for the applicant. 6. Term life insurance policies (i.e., where there is no cash value). 7. Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation.



ASSET CERTIFICATION (HOUSEHOLD COMBINED NET ASSETS)

Complete only one form per household

"Promote the development and preservation of decent and affordable housing in Los Angeles"

Applicant Name: _____ Unit #: _____

Project Address: _____ City: _____

Complete all that apply for 1 through 5:

1. My/our assets include the following at this time:

<u>Source</u>	<u>(A)</u> <u>Cash Value*</u>	<u>(B)</u> <u>Int.</u> <u>Rate</u>	<u>(A*B)</u> <u>Annual Income</u>	<u>Source</u>	<u>(A)</u> <u>Cash Value*</u>	<u>(B)</u> <u>Int.</u> <u>Rate</u>	<u>(A*B)</u> <u>Annual Income</u>
Savings Account	\$		\$	Checking Account	\$		\$
Cash on Hand	\$		\$	Safety Deposit Box	\$		\$
Certificates of Deposit	\$		\$	Money Market Fund	\$		\$
Stocks	\$		\$	Bonds	\$		\$
IRA Accounts	\$		\$	401K Accounts	\$		\$
Keogh Accounts	\$		\$	Trust Funds	\$		\$
Equity in real estate	\$		\$	Rental	\$		\$
Lump Sum Receipts	\$		\$	Capital Investments	\$		\$
Life Insurance Policies	\$		\$	Personal Property held as an investment	\$		\$
Other Retirement/ Pension Funds	\$		\$	Other (Attach additional pages, if necessary):	\$		\$

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts for which you have access.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique, cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Do you own any real property? ☐ No ☐ Yes Complete the information below:

Real Estate (Include street address or Assessor Parcel Number):			
Date Acquired:		Gross Fair Market Value:	
Amount of Money Owed or Encumbrance:			

3. Do you lease any real property? ☐ No ☐ Yes Rental Amount \$ _____

4. ☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset in which this occurred).

5. ☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

6. ☐ I/we do not have any assets at this time.

The net family assets above (as defined in 24 CFR 813.102) exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. Title 18, Section 1001 of the U.S. Code states "a person is guilty of a **felony** for knowingly and willingly making false or fraudulent statements to any department of the United States Government." False, misleading or incomplete information may result in the denial of the application and/or termination of a lease agreement.

Applicant Signature _____ Date _____ Applicant Signature _____ Date _____



REQUEST FOR VERIFICATION OF EMPLOYMENT

"Promote the development and preservation of decent and affordable housing in Los Angeles"

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective buyer/ renter under a Federal program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor, borrower or renter may be delayed or rejected.

Instructions: Project Owner / Agent – Complete items 1 through 7. Have applicant complete Item 8. Forward directly to employer named in Item 1.

Employer – Please complete either Part II or Part III as applicable. Complete Part IV and return directly to the party named in Item 2.

(If for purchase/loan, the form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.)

Part I - Request

1. To (Name and address of employer) Name: _____ Address: _____	2. From (Name and address of Project Owner / Duly Authorized Agent) Name: _____ Address: _____
---	--

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Project Owner /Duly Authorized Agent	4. Title	5. Date	6. Lender's Number (Optional) () -
--	----------	---------	--

I state that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of applicant (Include employee or badge number) Name: _____ Address: _____	8. Signature of Applicant
--	---------------------------

Part II - Verification of Present Employment

9. Applicant's Date of Employment		10. Present Position		11. Probability of Continued Employment	
12 A. <input type="checkbox"/> Annual <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Weekly		13. For Military Personnel Only		14. If Overtime or bonus is applicable, is its continuance likely	
		Pay Grade		Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Type	Monthly Amount	Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 B. Gross Earnings		Base Pay	\$	15. If paid hourly – average hours per week	
Beg Yr (date)	To Date	Past Year	Past Year	Rations	\$
		\$	\$	Flight or Hazard	\$
Base Pay	\$	\$	\$	Clothing	\$
Overtime	\$	\$	\$	Quarters	\$
Commissions	\$	\$	\$	Pro Pay	\$
Bonus	\$	\$	\$	Overseas or Combat	\$
Total	\$	\$	\$	Variable Housing Allowance	\$
				16. Date of Applicant's next pay increase	
				17. Projected amount of next pay increase \$	
				18. Date of applicant's last pay increase	
				19. Amount of last pay increase \$	

20. Remarks (If employee was off work for any length of time, please indicate time period and reason.)

Part III - Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)			
22. Date Terminated	Base \$	Overtime \$	Commissions \$	Bonus \$
24. Reason for Leaving		25. Position Held		

Part IV - Authorized Signature Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. Title 18, Section 1001 of the U.S. Code states "a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government."

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone: () -	____ / ____ / ____
	31. Email:	

U.S. GOVERNMENT REQUIRED INFORMATION | PLEASE RESPOND WITHIN 5 DAYS.



CERTIFICATION OF ZERO INCOME

(To be completed by household members over 18 years of age only)

"Promote the development and preservation of decent and affordable housing in Los Angeles"

Head of Household Name: _____ Unit #: _____

Project Address: _____ City: _____

Please initial next to each statement to indicate you have read, understand and agree with each statement:

1. _____ I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above.

2. _____ I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

3. _____ I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. Title 18, Section 1001 of the U.S. Code states **"a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government."**

Applicant Name

Applicant Signature

Date

Applicant Name

Applicant Signature

Date



VERIFICATION OF UNEMPLOYMENT BENEFITS

"Promote the development and preservation of decent and affordable housing in Los Angeles"

AUTHORIZATION: Federal Regulations require us to verify Unemployment Benefits Income of all applicants of the household. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated.

Benefits

1. Are benefits being paid now? ☐ Yes ☐ No
2. If "Yes," what is Gross Weekly Payment? \$ _____
3. Date of Initial Payment _____
4. Duration of Benefits _____ weeks
5. Is claimant eligible for future benefits? ☐ Yes ☐ No
- 5b. If yes, how many weeks? _____ weeks
- 5c. If no, what is the termination date of benefits? _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. Title 18, Section 1001 of the U.S. Code states **"a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government."**

RELEASE: I hereby authorize the release of the requested information.

(Applicant Name)

(Applicant Signature)

Date: _____

(Print Name of Authorized Representative)

(Signature of Authorized Representative)

Title: _____

Date: _____ / _____ / _____

Telephone: (_____) _____ - _____



VERIFICATION OF SOCIAL SECURITY BENEFITS

"Promote the development and preservation of decent and affordable housing in Los Angeles"

AUTHORIZATION: Federal Regulations require us to verify Social Security Benefits Income of all applicants of the household. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated.

Social Security Data:

Date of birth / /

\$ Gross monthly Social Security Benefit
amount, type of benefit

\$ Gross monthly supplemental security income
payment amount (including State Supplement), type of
benefit.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. Title 18, Section 1001 of the U.S. Code states **"a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government."**

RELEASE: I hereby authorize the release of the requested information.

(Applicant Name)

(Applicant Signature)

Date: _____

(Print Name of Authorized Representative)

(Signature of Authorized Representative)

Title: _____

Date: / /

Telephone: () -



VERIFICATION OF CHILD SUPPORT PAYMENTS

"Promote the development and preservation of decent and affordable housing in Los Angeles"

AUTHORIZATION: The HCIDLA requires verification of Child Support Income of all applicants of the household applying. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated.

Name of Person Paying Child Support:

Address of Person Paying Child Support:

City

State

Zip

Support is for ☐ his ☐ her children.

Name(s) of children being supported:

Amount of support:

\$ _____ ☐ Week ☐ Month ☐ Year

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. Title 18, Section 1001 of the U.S. Code states **"a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government."**

(Applicant Name)

(Applicant Signature)

Date: _____

(Print Name of Authorized Representative)

(Signature of Authorized Representative)

Title: _____

Date: _____ / _____ / _____

Telephone: (_____) _____ - _____



VERIFICATION OF RECURRING INCOME

"Promote the development and preservation of decent and affordable housing in Los Angeles"

AUTHORIZATION: The HCIDLA requires verification of any recurring Income of all applicants of the household. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated.

Name of Person Paying :

Address of Person Paying:

City

State

Zip

\$ _____ ☐ Week ☐ Month ☐ Year

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. Title 18, Section 1001 of the U.S. Code states **"a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government."**

(Applicant Name)

(Applicant Signature)

Date: _____

(Print Name of Authorized Representative)

(Signature of Authorized Representative)

Title: _____

Date: _____ / _____ / _____

Telephone: (_____) _____ - _____

VERIFICATION OF FULL-TIME STUDENT STATUS

"Promote the development and preservation of decent and affordable housing in Los Angeles"

Name of Full-Time Student: _____

Name of Institution: _____

Address of Institution: _____

Registrar's contact information to verify: _____

Telephone: () _____

Web/ Email Address: _____

Check applicable box below:

Referenced individual ☐ is ☐ is not a full-time student in good standing at this institution.

Years remaining to complete Degree or Program: _____

A copy of School's Transcript must be attached with this application.

Applicant Signature Date:

Student Signature Date:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. Title 18, Section 1001 of the U.S. Code states **"a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government."**

Checklist of Requirements for each adult household member (over 18 years of age):

For Applicant use ONLY. Do not submit with application package to HCIDLA.

1. Provide all of the following forms signed by each adult household member over 18 years of age:

- ☐ Tenant Income and Rent Certification Form (TIRC)
- ☐ Applicant and Owner/Authorized Agent Statement Form Conflict of Interest Form
- ☐ Asset Certification Form
- ☐ IRS Form 4506-T

2. If employed, provide the following documents:

- ☐ Copies of two (2) most recent payroll stubs
- ☐ Signed copies of two (2) most recent income tax returns or W-2 forms
- ☐ Bank statements for the six (6) most recent months-all pages
- ☐ Verification of Employment form completed by employer with company stamp or business card attached

3. If self-employed, provide the following documents:

- ☐ Signed copies of two (2) most recent years income tax returns (1040 or 1099)
- ☐ Current six (6) month profit and loss statement prepared by an accountant AND notarized statement of future income
- ☐ Bank statements for the six (6) most recent months-all pages

4. If an adult household member is not employed, provide:

- ☐ Certification of Zero Income form
- ☐ Verification of Full-Time Student status form
- ☐ Bank statements for the six (6) most recent months-all pages

5. If an adult household member is receiving other benefits, provide:

- ☐ Proof of any income (e.g., Social Security, Award Letter, unemployment checks, child support)
- ☐ Bank statements for the six (6) most recent months-all pages