



LAND USE PROGRAM INCOME CERTIFICATION APPLICATION PACKAGE

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REQUEST FOR INCOME CERTIFICATION

Requests for income certifications are ONLY accepted from the owner or duly authorized agent. LAHD/UFBA 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: Urban Futures Bond Administration (UFBA)
Occupancy Monitoring Agent for LAHD
E-mail: lucert@ufbahc.com

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: \$ _____

Very Low: \$ _____ Extremely Low: \$ _____

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

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

***If project/unit is 100% restricted by TCAC or other funding, you are not required to submit this application to LAHD 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:

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

- ☐ Tenant Income and Rent Certification Form (TIRC)
- ☐ Tenant Income Certification Questionnaire (TIC-Q)
- ☐ Applicant and Owner/Duly Authorized Agent Statement
- ☐ Conflict of Interest Form
- ☐ Asset Certification Form
- ☐ IRS Form 4506-T
- ☐ Bank statements for the three (3) most recent months for all Checking Accounts (all pages)
- ☐ Current bank statements for any Savings, 401k, IRA, ROTH, CD's, Money Market Accounts, etc. (all pages)
- ☐ Project posted on LAHD's Affordable and Accessible Housing Registry (AAHR) Website: www.lahousing.lacity.org

2. If employed, provide the following documents:

- ☐ Copies of payroll stubs for the (3) most recent months
- ☐ Signed copies of two (2) most recent income tax returns AND W-2s (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 with Schedule C (1099 if applicable)
- ☐ Most current six (6) month profit and loss statement

4. 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 (if applicable)
- ☐ Verification of Full-Time Student status form (if applicable)
- ☐ Proof of any income (e.g., Social Security, Award Letter, unemployment checks, child support)

For Preparer Use Only

Owner/Duly Authorized Agent of this request has determined that the above household is an Eligible Household and requests that LAHD 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 LAHD/UFBA Use Only

LAHD/UFBA 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.

LAHD/UFBA Reviewer: _____ Date: _____

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 this form. Income for all adult household members (over 18 years of age) must be reported. For some programs, household income certification is required on an annual basis.

PART A. GENERAL PROPERTY INFORMATION					PART C. PROJECTED HOUSEHOLD ASSET INCOME			
Project Name: _____					*Documentation on File: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Property Address: _____		City: _____		State: CA Zip: _____	1. Applicant #	2. Asset Type/ Last Four Digits of the Account #	3. Net Cash Value of Asset (NCV)	4. Actual Asset Income
Owner Name: _____					1			
Owner Address: _____					2			
Phone: _____					3			
					4			
					5			
					6			
PART B. UNIT AND HOUSEHOLD INFORMATION					5. Total (column 4) Actual Income from Assets:			
Unit #	No. of Bedrooms	Move-in Date	Certification Type (select one)		6. Total (column 3) NCV of Assets:			
_____	_____	_____	<input type="checkbox"/> New Tenant Date: _____ <input type="checkbox"/> Household Change Date: _____					
Income % Level <input type="checkbox"/> 30% <input type="checkbox"/> 35% <input type="checkbox"/> Extremely Low <input type="checkbox"/> 40% <input type="checkbox"/> 45% <input type="checkbox"/> Very Low <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> Low <input type="checkbox"/> 80% <input type="checkbox"/> 120% <input type="checkbox"/> Moderate <input type="checkbox"/> 150%					7. If Item #6 is greater than \$5000, multiply by 0.06 % (HUD Passbook Rate) enter the results here; otherwise leave blank.			
(1) Tenant Portion of Rent \$ _____	(2) Rental Subsidy <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 \$ _____		Total Unit Rent (1+2) \$ _____		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): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Decline to state/answer <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other: _____ Ethnicity of Head of Household (Check one): <input type="checkbox"/> Decline to state/answer <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-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)	Documentation on File?	Current Monthly Gross Income	Projected Gross Annual Income
1		H of H			<input type="checkbox"/> Yes <input type="checkbox"/> No			
2					<input type="checkbox"/> Yes <input type="checkbox"/> No			
3					<input type="checkbox"/> Yes <input type="checkbox"/> No			
4					<input type="checkbox"/> Yes <input type="checkbox"/> No			
5					<input type="checkbox"/> Yes <input type="checkbox"/> No			
6					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant's Phone Number: _____				(3) Total Projected Household Income:				
Applicant's 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 the 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. Select one: <input type="checkbox"/> Owner <input type="checkbox"/> Duly Authorized Agent Signature _____ Date: _____ Print Name _____			
Head of Household Signature _____ Date _____ Co-head of Household / Other Adult Signature _____								
PART F. For LAHD/UFBA Use Only								
LAHD/UFBA has determined that the above applicant is an Eligible Household. This TIRC is valid when signed by LAHD/UFBA Staff. Save this certification for your annual reporting to the Los Angeles Housing Department and/or Urban Futures Bond Administration.								
<input type="checkbox"/> LAHD <input type="checkbox"/> UFBA 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 (Calculated 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 the Following:**

Head of Household

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

Applicant #2

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

Applicant #3

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

Applicant #4

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

(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 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 have disclosed all income and assets, and any inquiries may be made to verify the statements I submitted herein. **Failure to disclose ALL income and assets will be grounds for denial.**

I understand that it is a crime, punishable by up to four (4) 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, the Los Angeles Housing Department may conduct a comprehensive background check.

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

_____ Applicant Name (Print)	_____ Applicant Signature	_____ Date
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(Please attach additional pages if more than 4 adult applicants are applying.)

OWNER/DULY AUTHORIZED AGENT STATEMENT

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

As the Owner/Duly Authorized Agent, I certify that I have verified the 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)	_____ Owner/Duly Authorized Agent Signature
---	--

_____ Title (Print)	_____ Date
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TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

NAME: _____

Property Name: _____

☐

Initial Certification

Unit # _____

INCOME INFORMATION

YES	NO		MONTHLY GROSS INCOME
1. <input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self employment) _____	(use <u>net</u> income from self-employment only) \$ _____
2. <input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;"><u>Name of Employer</u></div> 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____
3. <input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4. <input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
5. <input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8. <input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
9. <input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
10. <input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
11. <input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
12. <input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments	\$ _____
13. <input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____	\$ _____ \$ _____
14. <input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
15. <input type="checkbox"/>	<input type="checkbox"/>	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received <i>*For Households receiving Section 8 Assistance Only</i>	\$ _____

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
16. <input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have an EBT, Debit Visa, MasterCard account(s). (Including Social Security wages, Unemployment, Public Assistance, Disability, Etc...) If yes, list sources(s) of income being received/type of account(s) 1) _____ 2) _____ 3) _____		\$ _____ \$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE



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 Name (Print)

Applicant Signature

Date

Applicant Signature

Date

Applicant Name (Print)

Applicant Name (Print)

Applicant Signature

Date

Applicant Signature

Date

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

For Owner/Duly Authorized Agent:

I have read, reviewed, and understand the information provided in this form. As the Owner or Duly Authorized Agent, 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

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

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) Cash Value*</u>	<u>(B) Interest Rate</u>	<u>= (AxB) Income from Asset</u>	<u>Source</u>	<u>(A) Cash Value*</u>	<u>(B) Interest Rate</u>	<u>= (AxB) Income from Asset</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 automobiles, clothing, assets of an active business, or special equipment for use by the disabled.

2. Do you own any real property? ☐ No ☐ Yes

If "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:		\$	
Is the real property being leased? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, what is the monthly rental amount? \$	

3. ☐ 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.

4. ☐ 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.

5. ☐ I/we do not have any assets (as defined in question #1 above) at this time.

The net household assets above (as defined in 24 CFR 813.102) exceed \$5,000 and the annual income from the net household 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 _____
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REQUEST FOR VERIFICATION OF EMPLOYMENT

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: _____
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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 Phone Number (Optional) () -
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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 _____
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Part II – Verification of Present Employment

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

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

(One form to be completed by each applicable household member over 18 years of age only)

Applicant 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

Head of Household Name

VERIFICATION OF UNEMPLOYMENT BENEFITS

Verification is to be completed by Unemployment Office or Applicant to provide:

1) Award Letter from Employment Development Department (EDD) within 120 days of anticipated move-in date; or 2) EDD Transcript available from: <https://edd.ca.gov/>

<p>AUTHORIZATION:</p> <p>Federal regulations require LAHD 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.</p> <p>Your prompt return of the requested information will be appreciated.</p>	<p>BENEFITS:</p> <p>1. Are benefits being paid now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 40px;">a. If "Yes," what is Gross Weekly Payment? \$ _____</p> <p style="margin-left: 40px;">b. Date of Initial Payment: _____</p> <p style="margin-left: 40px;">c. Duration of Benefits: _____ weeks</p> <p>2. Is claimant eligible for future benefits? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="margin-left: 40px;">a. If <u>yes</u>, how many weeks? _____ weeks</p> <p style="margin-left: 40px;">b. If <u>no</u>, what is the termination date of benefits? _____</p>
<p>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."</p>	
<p>RELEASE:</p> <p>I hereby authorize the release of the requested information.</p>	
<p>_____ Applicant Name</p>	<p>_____ Print Name of Authorized Representative</p>
<p>_____ Applicant Signature</p>	<p>_____ Signature of Authorized Signature</p>
<p>_____ Date</p>	<p>Title: _____</p> <p>Date: ____/____/____</p> <p>Telephone: (____) _____ - _____</p>

VERIFICATION OF SOCIAL SECURITY BENEFITS

Verification to be completed by Social Security Office and/or provide current year Award Letter

AUTHORIZATION:

Federal Regulations require LAHD 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 Signature

Title: _____

Date: ____ / ____ / ____

Telephone: (____) ____ - ____



VERIFICATION OF CHILD SUPPORT PAYMENTS

Verification to be completed by Agency or Provider.

1) If Court ordered, provide Child Support Court Documents.

2) Child Support print out from applicable agency: <https://childsupport.ca.gov/> or www.cdss.ca.gov

3) If no court order, have provider complete and sign form.

AUTHORIZATION:

LAHD 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 Code:

Support is for: ☐ his ☐ her child(ren).

Name(s) of child(ren) 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.”

RELEASE:

I hereby authorize the release of the requested information.

Applicant Name

Applicant Signature

Date

Print Name of Authorized Representative

Signature of Authorized Signature

Title: _____

Date: ____/____/____

Telephone: (____) ____ - ____

VERIFICATION OF RECURRING INCOME
(Verification to be completed by Income Source Provider)

<p>AUTHORIZATION:</p> <p>LAHD requires verification of any Recurring 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.</p> <p>Your prompt return of the requested information will be appreciated.</p>	<p>Name of Person Paying: _____</p> <p>Address of Person Paying: _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____</p> <p>\$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p>
<p>Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. <u>Title 18, Section 1001 of the U.S. Code</u> states “a person is guilty of a <u>felony</u> for knowingly and willingly making false or fraudulent statements to any department of the United States Government.”</p>	
<p>RELEASE:</p> <p>I hereby authorize the release of the requested information.</p> <p>_____</p> <p>Applicant Name</p> <p>_____</p> <p>Applicant Signature</p> <p>_____</p> <p>Date</p>	<p>_____</p> <p>Print Name of Authorized Representative</p> <p>_____</p> <p>Signature of Authorized Signature</p> <p>Title: _____</p> <p>Date: ____/____/____</p> <p>Telephone: (____) _____ - _____</p>



VERIFICATION OF FULL-TIME STUDENT STATUS
(Verification to be completed by School Administration)

Name of Full-Time Student: _____

Name of Institution: _____

Address of Institution: _____

Registrar's contact information to verify: _____

Telephone: (_____) _____ - _____

Website/Email Address: _____

Check applicable box below:

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

Number of years remaining to complete Degree or Program: _____

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

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 Signature

Date

Head of Household Name



LAND USE PROGRAM APPLICATION PROCESSING INFORMATION SHEET

In order to facilitate the processing of your application for the Land Use Program, please provide the following required documentation and information (if applicable) by the due date provided.

Please remember that all adult household members (over 18 years of age) must provide and complete all required forms and documentation.

- ☐ Three (3) months consecutive recent pay stubs for every employer (required).
- ☐ Three (3) months of recent statements for all bank (checking) accounts
- ☐ Current statements for Savings, 401K, investment accounts, retirement, stocks, CD's, etc.
- ☐ Life insurance policy information
- ☐ Complete copy of court ordered child support
- ☐ Recent copy of award letter(s) for public assistance, Social Security, TANF/AFDC, general assistance or other sources of income
- ☐ Disability and/or Worker's Compensation benefit information
- ☐ Complete signed copy of the last 2 years. Tax returns with W-2s and/or 1099s
- ☐ If Self-Employed, complete a copy of tax returns with Schedule C and/or profit and loss statement for the most recent 6 months
- ☐ Information on real estate ownership
- ☐ Information on any other sources of income and assets

By signing below, I understand that if all income and assets are not initially disclosed, my application will be denied by LAHD/UFBA.

Signature Date

Signature Date

Signature Date

Signature Date

ATTACHMENT A: LAND USE PROGRAM APPLICATION

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

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

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)
 - ☐ Tenant Income Certification Questionnaire (TIC-Q)
 - ☐ 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 three (3) months consecutive recent pay stubs for every employer
 - ☐ Signed copies of two (2) most recent income tax returns **AND** W-2 forms
 - ☐ 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 with Schedule C (1099 if Applicable)
 - ☐ Current six (6) month profit and loss statement
4. If an adult household member is **not employed**, provide:
 - ☐ Certification of Zero Income form
5. If an adult household member is receiving other benefits, provide:
 - ☐ Proof of any income (e.g., Social Security, Award Letter, Pension, unemployment checks, child support, alimony Public Assistance, CAPI, TANF/AFDC, Disability and/or Worker's Compensation Benefit Information, General Assistance or other sources of income)
6. If an adult household member is a Full Time Student
 - ☐ Verification of Full-Time Student status form
7. If an adult has Assets (Checking, Savings, 401k, 403b, IRA, Stocks, Bonds, CD's, Investments Accounts etc.)
 - ☐ Three (3) months of most recent bank statements for all Checking accounts (all pages)
 - ☐ Current (1) month of most recent bank statements for all Savings, 401k, Investment Accounts, Retirement, Stocks, CD's, etc. accounts (all pages)
8. If an adult owns Real Estate
 - ☐ Information on Real Estate Ownership (Fair Market Value and/or Closing Statement)

PLEASE NOTE: UFBA 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. **UFBA is not allowed to speak to Applicants; Please do not give our contact information to Applicant. If you have any questions, please call your assigned UFBA reviewer.**