



Land Use Program Income Certification Application Package Tutorial for Owners and Duly Authorized Agents

Provided by the Los Angeles Housing Department (LAHD)
Occupancy Monitoring Unit

Questions? Call (213) 808-8806 or email: lahd.occmonitor@lacity.org

Revised: 2/4/2022



What you should know before you begin completing the application package:

- Submit a complete application after you have completed the owner's tenant screening process (e.g., credit history, ability to pay rent, identification, etc.)
- You, as the property owner/agent/manager, shall:
 - Select the Eligible Household to occupy a Restricted Unit, subject to LAHD's certification of eligibility.
 - Verify eligibility using income tax records, bank deposits, and other records required to **calculate** annual income.
- Your policies and procedures for processing the rental application shall be fair and equal among all applicants and adhere to Federal, State, and local laws.



What you should know before you begin completing the application package (continued):

- The application package should be completed by the owner/duly authorized agent. The applicants are responsible for providing their income documentation to you.
- LAHD recommends that you complete the application package together with the prospective tenants.
- **Any incomplete application package will not be reviewed and be returned. Owner/agent must complete the application prior to resubmission or be subject to denial.**



What you should know before you begin completing the application package (continued):

- Our contractor, Urban Futures Bond Administration (UFBA), currently handles the review of income certification applications.
- **Submit applications by email ONLY to UFBA to lucert@ufbahc.com.**
- Email complete application packages with supporting documents **all in one email thread.**
- UFBA has 10 business days from the date of receiving **complete** application packages to provide a final determination.



Key Things to Note:

- Annual Income (Page 6)
- Calculating Income (Page 7)
- *NEW* TIC-Q Form (Pages 8-9)
- Request for Income Certification Form (Page 10-13)
- Required Documentation (Pages 14-15)
- TIRC Form (Pages 16-20)
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- Conflict of Interest Form (Page 22)
- Asset Certification Form (Pages 23-24)
- Request for Verification of Employment (Pages 25-26)
- Additional Forms (Pages 27-28)



Annual income includes, but is not limited to:

1. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
2. The net income from the operation of a business or profession;
3. Interest, dividends, and other net income of any kind from real or personal property;
4. Period amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts;
5. Payments in lieu of earnings (e.g., unemployment, disability compensation, worker's compensation, severance pay);
6. Welfare assistance payments;
7. Period and determinable allowances, such as alimony and child support, and regular contributions or gifts received from organization or persons not residing in the unit.

Calculating Income

- LAHD calculates income based on the HUD definitions found in 24 CFR Part 5.
- The owner/duly authorized agent should collect income documentation from the applicants, then calculate the household's projected income for the coming 12-month period based upon documentation.
- Convert periodic wages to annual income by multiplying:
 1. Hourly wages by the number of hours worked per year (2,080 hours for full-time employment with a 40-hour week and no overtime);
 2. Weekly wages by 52;
 3. Bi-weekly wages (paid every other week) by 26;
 4. Semi-monthly wages (paid twice each month) by 24; or
 5. Monthly wages by 12



Tenant Income Certification Questionnaire (TIC-Q)

You may find it useful to complete the TIC-Q first. The questionnaire covers many items that will be requested in the rest of the application.

TENANT INCOME CERTIFICATION QUESTIONNAIRE			
One Form per Adult Member of the Household			
NAME: _____		Property Name: _____	
<input type="checkbox"/> Initial Certification		Unit # _____	
INCOME INFORMATION		MONTHLY GROSS INCOME	
YES	NO	(use net income from self-employment only)	
1. <input type="checkbox"/> <input type="checkbox"/>	I am self-employed. (List nature of self employment) _____	\$ _____	
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;">Name of Employer</div> <div style="text-align: center;">1) _____ \$ _____</div> <div style="text-align: center;">2) _____ \$ _____</div> <div style="text-align: center;">3) _____ \$ _____</div>		
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.	\$ _____	
<input type="checkbox"/> <input type="checkbox"/>	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: <div>_____</div> <div>_____</div> <div>_____</div>		
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. <div style="text-align: center;">If yes, list sources:</div> <div style="text-align: center;">1) _____ \$ _____</div>	\$ _____	
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) <div>Subtract cost of tuition from Aid received</div> <div><i>*For Households receiving Section 8 Assistance Only</i></div>	\$ _____	
ASSET INFORMATION		INTEREST RATE	CASH VALUE
YES	NO		
16. <input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). <div style="text-align: center;">If yes, list bank(s)</div> <div style="text-align: center;">1) _____</div> <div style="text-align: center;">2) _____</div>	_____% _____%	\$ _____ \$ _____



Tenant Income Certification Questionnaire (TIC-Q)

Every adult member must
complete their own TIC-Q.

Applicants must disclose all
income and assets on this
questionnaire.

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 source(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



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: _____@_____

All information on this page is required. Do not leave any fields blank.

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	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____



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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: _____

Name of Applicant(s): #1 _____

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 \$ _____

Other: ☐ _____

How much will the monthly rent be?
Refer to your rent schedule for the maximum Unit Rent. The monthly rent should never exceed the maximum allowable rent level.

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



LOS ANGELES HOUSING & COMMUNITY INVESTMENT DEPARTMENT

2019 Income and Rent Limit - Land Use Schedule VI
Effective Date: July 1, 2019

2018 AMI \$66,200 ➤ 2019 AMI \$70,950 Change in the Adjusted Area Median Income = 7.18%

Table I: Qualifying Maximum Income Levels Based on Family Size

Income Level	Family Size							
	One	Two	Three	Four	Five	Six	Seven	Eight
Extremely Low (30%)	\$21,950	\$25,050	\$28,200	\$31,300	\$33,850	\$36,350	\$39,010	\$43,430
Very Low (50%)	\$36,550	\$41,800	\$47,000	\$52,200	\$56,400	\$60,600	\$64,750	\$68,950
Low (80%)[1]	\$58,450	\$66,800	\$75,150	\$83,500	\$90,200	\$96,900	\$103,550	\$110,250
Median (100%)	\$51,150	\$58,500	\$65,800	\$73,100	\$78,950	\$84,800	\$90,650	\$96,500
Moderate (120%)	\$61,400	\$70,150	\$78,950	\$87,700	\$94,700	\$101,750	\$108,750	\$115,750
Workforce (150%)	\$76,750	\$87,750	\$98,700	\$109,650	\$118,450	\$127,200	\$136,000	\$144,750

[1] 80% income exceeding median income is an anomaly just for this county due to HUD historical high cost adjustments to median.

Table II: Maximum Allowable Rent Levels

Rent Level	Bedroom Size					
	0BR	1BR	2BR	3BR	4BR	5BR
Extremely Low (30%)	\$372	\$426	\$479	\$532	\$575	\$617
Very Low (50%)	\$621	\$710	\$798	\$887	\$958	\$1,029
Low (60%)	\$745	\$851	\$958	\$1,064	\$1,149	\$1,235
Moderate (110%)	\$1,366	\$1,561	\$1,756	\$1,951	\$2,107	\$2,263
Workforce (150%)	\$1,862	\$2,129	\$2,395	\$2,661	\$2,873	\$3,086

Affordable Rent for an extremely low-income (0% to 30% AMI) household is the product of 30% of 30% of Adjusted Area Median Income

Affordable Rent for a very low-income (0% to 50% AMI) household is the product of 30% of 50% of Adjusted Area Median Income

Affordable Rent for a low-income (50% to 80% AMI) household is the product of 30% of 60% of Adjusted Area Median Income

Affordable Rent for a moderate-income (80% to 120% AMI) household is the product of 30% of 110% of Adjusted Area Median Income

Affordable Rent for a workforce-income (120% to 150% AMI) household is the product of 30% of 150% of Adjusted Area Median Income

This is a sample rent schedule.
If you do not have a current
Income and Rent Schedule,
contact LAHD at
lahd.occmmonitor@lacity.org or
(213) 808-8806.

Refer to this table to see the
Maximum Allowable Income
level based on Household Size.
Refer to your Covenant for
Income Level. Contact LAHD if
you need a copy of your
Covenant.

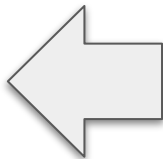
Refer to this table to see the
Maximum Allowable Rent.
Refer to your Covenant for Rent
Level.



Use this checklist to provide **ALL** the required documents.

If we do not receive **ALL** the required documents, your application will be deemed incomplete and **denied**.

The owner/duly authorized agent must read the statement and sign. Applications with missing signatures will not be accepted.



***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: _____

Required Documents: Bank Statements

- Owner/Duly Authorized Agent is responsible to:
 - Include **ALL** pages of the most recent 3 months of bank statements for **ALL** bank accounts for each applicant.
 - Review **ALL** bank statements thoroughly.
 - The deposits reflect **ALL** income.
 - Clarify the source of additional income in bank statements by providing a written statement by the applicant. For example:
 - Explain source of large deposits.
 - Explain all recurring deposits other than their employment income.
 - Statements must be signed under penalty of perjury.



Required Income Verification Documents

Employed applicants must submit:

- Copies of three (3) months of recent payroll stubs
- Signed copies of two (2) most recent income tax returns or W-2 forms
- Bank statements for the three (3) most recent months-all pages of **ALL ACCOUNTS**
- Verification of Employment form completed by employer with company stamp or business card attached

Self-employed applicants must submit:

- Signed copies of two (2) most recent years income tax returns (1040 or 1099)
- Current six (6) month profit and loss statement
- Bank statements for the three (3) most recent months-all pages of **ALL ACCOUNTS**



The Tenant Income and Rent Certification Form (TIRC) is a required form that summarizes all the applicant's information. All fields on this form must be completed.



LOS ANGELES HOUSING DEPARTMENT - TENANT INCOME AND RENT CERTIFICATION FORM (TIRC)

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

Project Name:

Property Address:

City:

State: CA Zip:

Owner Name:

Owner Address:

Phone:

PART C. PROJECTED HOUSEHOLD ASSET INCOME

*Documentation on File: ☐ Yes ☐ No

Actual
asset
income

Complete **all** of Part A.
General Property Information.

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 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 80% </div> <div> <input type="checkbox"/> 35% <input type="checkbox"/> 45% <input type="checkbox"/> 60% <input type="checkbox"/> 120% <input type="checkbox"/> 150% </div> <div> <input type="checkbox"/> Extremely Low <input type="checkbox"/> Very Low <input type="checkbox"/> Low <input type="checkbox"/> Moderate </div> </div>			
(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) \$ _____

Tips For Completing Part B:

- **Unit #**
- **No. of Bedrooms**
- **Move-In Date** - Anticipated move-in date. Allow 10 business days for LAHD to review the application.
- **Certification Type** - Indicate the type.
- **Income % Level** - Refer to your Agreement or rent schedule.
- **(1) Tenant Portion of Rent** - What will you charge the tenant on a monthly basis?
- **(2) Rental Subsidy** - If the tenant has a Rental Subsidy, put the amount here.
- **Total Unit Rent** - Add the **Tenant Portion of Rent** and **Rental Subsidy** to provide the **Total Unit Rent**.

PART C. PROJECTED HOUSEHOLD ASSET INCOME			
*Documentation on File: <input type="checkbox"/> Yes <input type="checkbox"/> 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:			

Tips For Completing Part C:

- Part C is a summary of the Asset Certification form (Page 5 of 19). List all assets that the household owns.
- **1. Applicant #** - Who owns the asset?
- **2. Asset Type/Account #** - What type of asset is it? (e.g., Savings Account, Stocks, 401K Accounts)
- **3. Net Cash Value of Asset (NCV)** - The net cash value is defined as market value minus the costs of converting the asset to cash.
- **4. Actual Asset Income** - Does this asset earn income? For example, a savings account might have an interest rate.
- **5. Total “Actual Income from Assets”** - Add all the values of column 4.
- **6. Total “NCV of Assets”** - Add all the values of column 3.
- **7.** If #6 is greater than \$5,000, multiply by the HUD Passbook Rate, 0.06%. This may change year-to-year. Check HUD for the latest updates.
- **8. Enter the greater of 5 or 7 from above:** This value will be used in Part D, #4.

List the ages, genders, and relationships of all members of the household.

Do not leave the Race and Ethnicity sections blank. Please check one of the boxes.

PART D. HOUSEHOLD COMPOSITION AND GROSS ANNUAL INCOME									
RACE of Head of Household (Check all that apply) <input type="checkbox"/> I decline to furnish this info. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other					Ethnicity of Head of Household (Check one) <input type="checkbox"/> I decline to furnish this info. <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> 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 List amounts of all wages, salaries, benefits, public assistance, calculated assets, and other sources of income below for each member of the household.				
					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									
4									
5									
6						Yes <input type="checkbox"/> No <input type="checkbox"/>			
Applicant's Phone number:					(3) Total Projected Household Income:				
E-mail:					Enter the amount from Part C-8 as "Total Asset Income":				
					(5) Total Income:				

List names of all applicants here. All adults and all children should be included.

List the type of income (e.g., job, Social Security).

Provide supporting documents.

Add the household's Income + their Asset Income from Part C to get their Total Income.

Complete the applicant's contact information.



PART E		APPLICANT AND OWNER/AGENT ACKNOWLEDGEMENTS	
<p>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.</p>		<p>I certify that I have verified <u>each</u> source and amount of gross income this household has declared. I find the household to be eligible to occupy a restricted unit.</p>	
_____ Head of Household Signature	_____ Date	<input type="checkbox"/> Owner	<input type="checkbox"/> Duly Authorized Agent
_____ Co-head of House Hold / Other Adult Signature		Signature _____	Date _____
		Print Name _____	

Tips For Completing Part E:

- The left signature block is to be read and signed by the applicants. Make sure the applicants read and agree with the full statement. All applicants aged 18 and over must read and sign this section. If there are more than two adult applicants, print an extra copy of the TIRC form so that all adult applicants can sign.
- The right signature block is to be read and signed by the owner or duly authorized agent.



Required Form: Applicant's Statement

Both the applicant and the owner/duly authorized agent must read, sign, and date the form.

When signing this form, applicants agree to this statement: **“Failure to disclose ALL income and assets will be grounds for denial.”**



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 _____

Applicant Name (Print) _____ Applicant Signature _____ Date _____

Applicant Name (Print) _____ Applicant Signature _____ Date _____

Applicant Name (Print) _____ Applicant Signature _____ Date _____

(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 _____



Required Form: Conflict of Interest

The applicant must read
and initial each statement.

Both the applicant and the
owner/duly authorized
agent must read, sign, and
date the form.



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.

<p>_____ Applicant Name (Print)</p> <p>_____ Applicant Signature</p>	<p>_____ Applicant Name (Print)</p> <p>_____ Applicant Signature</p>
<p>_____ Applicant Name (Print)</p> <p>_____ Applicant Signature</p>	<p>_____ Applicant Name (Print)</p> <p>_____ Applicant Signature</p>

(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.

<p>_____ Owner/Duly Authorized Agent Name (Print)</p>	<p>_____ Owner/Duly Authorized Agent Signature</p>	<p>_____ Date</p>
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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)	\$		\$

You are responsible for ensuring all assets are disclosed. The applicants must provide documentation for all of their accounts and assets.

All household members aged 18 and above must report ALL of their assets. Failure to report any asset will result in a final denial.



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 _____

Read each statement
with the applicant.
Check all that apply.

All applicants aged
18 or older are
required to sign.



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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Read and follow the instructions written. You are only responsible for Part I of this form.



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 Pay Grade Type Monthly Amount Base Pay \$		14. If any Overtime and/or Bonus is applicable, is its continuance likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No			
12 B. Gross Earnings									
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.									

Parts II, III, and IV should be sent to the applicant's employer to be completed and sent back to you. Include the completed Verification of Employment form in your application submission.

Verification Forms

- Complete, sign, and submit these forms when applicable:
 - CERTIFICATION OF ZERO INCOME
 - VERIFICATION OF UNEMPLOYMENT BENEFITS
 - VERIFICATION OF SOCIAL SECURITY BENEFITS
 - VERIFICATION OF CHILD SUPPORT PAYMENTS
 - VERIFICATION OF RECURRING INCOME
 - VERIFICATION OF FULL-TIME STUDENT STATUS
 - RECORD OF ORAL VERIFICATION/CLARIFICATION
- If the form is not applicable to the applicant, you do not need to submit the form or you can write “N/A” on the form and submit it.



Property Owner & Property Management Info

Complete this form if there have been any changes in ownership or management. LAHD needs to have the most current contact information. This is not part of the Income Certification Application Package.

Email lahd.occmonitor@lacity.org if you need this form.



PROPERTY OWNER & PROPERTY MANAGEMENT INFORMATION UPDATE FORM

(TYPE OR PRINT LEGIBLY)

RETURN BY EMAIL TO: lahd.occmonitor@lacity.org

Information below is accurate as of: / / (Format: MM/DD/YYYY)	
Project Information	
Project Name:	Project Street Address:
APN:	City: ZIP: Total Res. Units:
Owner Information	
Owner Name (first & last):	
Street Address:	
City, State, Zip code:	
Work Phone: ()	Mobile Phone: ()
Email:	
If the owner is a Legal Entity	Legal Entity Name:
Legal Entity's contact name:	Entity Phone: () Entity Email:
Property Management Company Information	
Property Management Company:	
Street Address:	
City, State, Zip Code:	
Company Contact Name (first & last):	Title:
Work Phone: ()	Mobile Phone: ()
Email:	
On-Site Manager Name (first & last):	
On-Site Manager Contact Phones:	Work: () Cell: ()
Contact Information for Correspondence	
Contact Name:	
Street Address:	
City, State, Zip Code:	
Work Phone: ()	Email Address:
The information in this document is true and knowingly submitted to LAHD and effective as of the date indicated above.	
Type or print the name & title of the person submitting the document	Signature



Is the application complete?

Remember, LAHD will only review complete applications.

- Double-check every page in the application for completeness.
- Have all fields be completed?
- Are all required signatures provided?
- Have you provided all required supporting documentation?
- Anticipate any questions we may have about the application. Will we need any clarification about the application? Is any clarification provided? Do not be hesitant to add additional documents or statements to help us understand more about the application.



Most common reasons for denying applications:

1. The application is incomplete.

Submitting a complete application prevents delays in the application process. Use this tutorial as a tool to ensure your application is complete so it will not be rejected.

2. Failure to disclose all sources of income and all assets.

All income and assets **MUST** be disclosed with the application. If all income and assets are not disclosed, it will be grounds for denial. **ALL** assets must be disclosed. This includes any and all checking accounts, savings accounts, business accounts, retirement accounts. If an applicant has multiple sources of income, provide income documentations for **ALL** sources of income.

3. Applicant is over the income limit.

Check the rent and income schedule that you were provided. Calculate the household's income using all required documents that you collected (e.g., pay stubs, bank statements, tax returns). If the household's income is above the income limit, do not submit the application to us.