



**LAND USE PROGRAM
RESTRICTED RENTAL UNIT
INCOME CERTIFICATION PACKAGE**

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resources, programs, and information:*

www.housing.lacity.org

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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 request and all documentation are received. Incomplete requests will not be reviewed after five (5) business days from the date notified of the missing documentation, and the review request will be closed. Additional documentation may be requested by the reviewer. Attach additional page(s) for households with 5 or more members.

To: Urban Futures Bond Administration (UFBA)
Occupancy Monitoring Agent for LAHD
E-mail: lucert@ufbahc.com

From: _____ Date: _____
 Owner Duly Authorized Agent

The Income Certification Package is to be completed by the owner or duly authorized agent only.

Phone: (_____) _____ - _____
Email: _____ @ _____

Project Name: _____

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

Name of Household (HH) Member(s): #1 _____ #2 _____ #3 _____ #4 _____

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

Maximum Allowable Income for this Unit: _____ Workforce: \$ _____ Moderate: \$ _____

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

Unit Number: _____ **Unit Rent \$** _____ **Unit Square Footage:** _____ **Homeless:**

For Each Household Member Over 18 Years Old	HH Member #1	HH Member #2	HH Member #3	HH Member #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 package 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)
- Household Member 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 (if applicable)

2. If employed, provide the following documents:

- Copies of payroll stubs for the three (3) most recent months (3 monthly, 7 biweekly, 6 semi-monthly, or 13 weekly paystubs)
- 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 AND 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 review. I certify that the household has not moved into the unit and will not move into the unit until LAHD confirms that the household is an Eligible Household.

Owner/Duly Authorized Agent's Title:	_____
Owner/Authorized Agent's Name (Print):	_____
Owner/Authorized Agent's Signature:	_____

For LAHD/UFBA Use Only

LAHD/UFBA reviewer has completed their assessment and confirms that the above household is:

- an Eligible Household.** **not an Eligible Household.**

*The household was **not eligible** for the following reason(s):*

- Income exceeds limit
- Conflict of Interest
- Occupancy standards were not met
- Other: _____

- The review has been closed.**

*The income certification review was **closed** for the following reason(s):*

- Information was incomplete or incorrect
- Necessary documents were not provided

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. Household Member # (from Part D)	2. Asset Type/ Last Four Digits of the Account #	3. Net Cash Value of Asset (NCV)	4. Actual Asset Income
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 <input type="checkbox"/> Household Change <input type="checkbox"/> Comparable Replacement Unit <input type="checkbox"/> Post Move-In Certification						
Income % Level		Utilities paid by tenant							
<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 <input type="checkbox"/> Workforce		<input type="checkbox"/> Gas Cooking <input type="checkbox"/> Gas Space Heating <input type="checkbox"/> Gas Water Heating <input type="checkbox"/> Electric Cooking <input type="checkbox"/> Electric Space Heating <input type="checkbox"/> Electric Water Heating <input type="checkbox"/> Basic Electric <input type="checkbox"/> Range (Stove) <input type="checkbox"/> Refrigerator <input type="checkbox"/> Trash Collection <input type="checkbox"/> Code Enforcement <input type="checkbox"/> Water and Sewer <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Rent Stabilization Fee						5. Total (column 4) Actual Income from Assets:	
(1) Tenant Portion of Rent	(2) Rental Subsidy			Total Unit Rent (1+2)		6. Total (column 3) NCV of Assets:			
\$ _____	<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 \$ _____			\$ _____		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):		Ethnicity of Head of Household (Check one):	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Decline to state/answer <input type="checkbox"/> Black or African American <input type="checkbox"/> Other: _____	<input type="checkbox"/> Decline to state/answer <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino

Household Member #	(1) Name of Household Member(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			

Head of Household's Phone Number: _____		(3) Total Projected Household Income: _____	
Head of Household's E-mail: _____		(4) Enter the amount from Part C-8 as "Total Asset Income": _____	
		(5) Total Income: _____	

PART E. HOUSEHOLD 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 _____ Date _____	

PART F. For LAHD/UFBA Use Only	
LAHD/UFBA has confirmed that the above household 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

(Complete definitions are available from the property representative or the United States Department of Housing and Urban Development Technical Guide – “Determining Income and Allowances”)

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"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Welfare	<input type="checkbox"/> Check Stubs
	<input type="checkbox"/> IRS 4506-T	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Bank Statement
				<input type="checkbox"/> Other _____
				<input type="checkbox"/> Child Support/Alimony
				<input type="checkbox"/> Military Pay

Household Member #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"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Welfare	<input type="checkbox"/> Check Stubs
	<input type="checkbox"/> IRS 4506-T	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Bank Statement
				<input type="checkbox"/> Other _____
				<input type="checkbox"/> Child Support/Alimony
				<input type="checkbox"/> Military Pay

Household Member #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"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Welfare	<input type="checkbox"/> Check Stubs
	<input type="checkbox"/> IRS 4506-T	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Bank Statement
				<input type="checkbox"/> Other _____
				<input type="checkbox"/> Child Support/Alimony
				<input type="checkbox"/> Military Pay

Household Member #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"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Welfare	<input type="checkbox"/> Check Stubs
	<input type="checkbox"/> IRS 4506-T	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Bank Statement
				<input type="checkbox"/> Other _____
				<input type="checkbox"/> Child Support/Alimony
				<input type="checkbox"/> Military Pay

(Please attach additional pages if there are more than 4 adult members of the household)

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

NAME: _____	TELEPHONE NUMBER: () _____
<input type="checkbox"/> Initial Certification	
<input type="checkbox"/> Re-Certification	Unit # _____
<input type="checkbox"/> Other	
<input type="checkbox"/> I am a new household member who has occupied/will occupy unit on: _____	

INCOME INFORMATION

MONTHLY GROSS INCOME

	Yes	No		
1.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed (<i>list nature of self-employment</i>) _____	(use adjusted net income for self-employment only) \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job/have been offered employment and receive/will receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer:</u> 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 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)	\$ _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

9.	<input type="checkbox"/> <input type="checkbox"/>	I receive disability, EDD paid family leave, EDD disability insurance, or death benefits other than Social Security.	\$ _____
10.	<input type="checkbox"/> <input type="checkbox"/>	I receive Public Assistance Income (<i>examples: TANF, CalWorks, CAPI, AFDC, GA/GR</i>) <i>*Do not include CalFresh, SNAP, Food Stamps</i>	\$ _____
11.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> n/a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am entitled to receive child support payments (<i>court ordered or parental agreement</i>) I am currently receiving child support payments If yes, from how many persons do you receive support? _____ I am not currently receiving support, but I am making efforts to collect child support owed to me. List efforts being made: _____ _____ _____ I am entitled to receive alimony or spousal support	Total amount of support received: \$ _____
12.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> n/a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	payments (<i>court ordered or divorce agreement</i>) I am currently receiving alimony/spousal support payments If yes, from how many persons do you receive support? _____ I am not currently receiving support, but I am making efforts to collect alimony or spousal support owed to me. List efforts being made: _____ _____ _____	Total amount of support received: \$ _____
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: _____ _____	\$ _____ \$ _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

Yes No

14.	<input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	(use net earned income) \$ _____
15.	<input type="checkbox"/> <input type="checkbox"/>	I receive student financial aid (<i>public/private, exclude loans</i>) Subtract cost of tuition from aid received <i>* For households receiving Section 8 assistance only</i>	\$ _____
16.	<input type="checkbox"/> <input type="checkbox"/>	Are any of the above noted income sources (<i>including Social Security, wages, unemployment, public assistance, disability, etc.</i>) , currently being received as a Debit Visa or MC?	List Income Source: _____ _____
17.	<input type="checkbox"/> <input type="checkbox"/>	Do you anticipate receiving or have you applied for any income source that will begin in the next 12 months?	List Income Source: _____ _____

ASSET INFORMATION

Yes No

Interest Rate

Current Value

18.	<input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
19.	<input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
20.	<input type="checkbox"/> <input type="checkbox"/>	I have funds on an EBT card, Debit Visa, or Debit MC		Current Balance: \$ _____
21.	<input type="checkbox"/> <input type="checkbox"/>	I have available funds held in a payment service account, such as Venmo, PayPal, Skrill, Zelle, CashApp, etc. Source: _____ _____		\$ _____ \$ _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

	Yes	No		Interest Rate	Current Value
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: 1. _____ 2. _____		\$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I own crypto currency such as Bitcoin, Litecoin, Ethereum, etc. If yes, list type: 1. _____ 2. _____	Average Change over a 3 month period: _____% _____%	\$ _____ \$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or treasury bills. If yes, list sources/bank names 1. _____ 2. _____	Rate of return or 3 month average: _____% _____%	\$ _____ \$ _____
26.	<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. _____	_____% _____%	\$ _____ \$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA, lump sum pension, Keogh account, or 401K. If yes, list bank(s): 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	I have a life insurance policy with a cash/surrender value. If yes, how many policies? _____		\$ _____
29.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (<i>i.e. gave away money/assets</i>) for less than the fair market value in the last 2 years. If yes, list items and date disposed: 1. _____ 2. _____		\$ _____ \$ _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

30.	<input type="checkbox"/> <input type="checkbox"/>	I have cash on hand in excess of \$250.	\$ _____
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Yes No STUDENT ELIGIBILITY

<input type="checkbox"/> <input type="checkbox"/>	I am a part-time student
<input type="checkbox"/> <input type="checkbox"/>	I am a full-time student (<i>Example: K-12, College, Trade School, etc.</i>)
<input type="checkbox"/> <input type="checkbox"/>	Does the entire household consist of people who are currently <u>full-time</u> students?
<input type="checkbox"/> <input type="checkbox"/>	Does the entire household consist of people who are either currently a full time student or were a full-time student for 5 months or more in the current calendar year?
<input type="checkbox"/> <input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?

Yes No If you answered yes to any of the previous 5 questions, are you:

<input type="checkbox"/> <input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (<i>AFDC, TANF, CalWorks - not SSA/SSI</i>)
<input type="checkbox"/> <input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA), Workforce Investment Act (WIA), or other similar federal, state, or county government program
<input type="checkbox"/> <input type="checkbox"/>	Married and filing (<i>or are entitled to file</i>) a joint tax return (<i>please provide copy of marriage certificate or tax return</i>)
<input type="checkbox"/> <input type="checkbox"/>	Single Parent with a dependent child(ren) and neither you or your child(ren) are dependents of another individual
<input type="checkbox"/> <input type="checkbox"/>	Previously enrolled in the Foster Care Program (<i>currently age 18-24</i>)

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my 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 or termination of the lease agreement.

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.

Household Member Name (Print)	Household Member (Print)
Household Member Signature	Date
Household Member Signature	Date
Household Member Name (Print)	Household Member Name (Print)
Household Member Signature	Date
Household Member Signature	Date

(Please attach additional pages if there are more than 4 adult members of the household.)

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 3-month balance. Assets held in foreign countries are considered assets. 2. Cash value of revocable trusts available to the household member. 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 a household member. 	<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 household member. 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 household member. 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 one form per adult household member.

Household Member Name: _____ Unit #: _____

Project Address: _____ City: _____

Complete all that apply for 1 through 5:

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

Source	(A) Cash Value*	(B) Interest Rate	(A × B) = Income from Asset	Source	(A) Cash Value*	(B) Interest Rate	(A × B) = Income from Asset
Savings Account	\$		\$	Checking Account (3-month avg. balance)	\$		\$
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 cancelation of the income certification review and/or termination of a lease agreement.

Household Member Signature	Date	Household Member 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 confirming whether you may be certified 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 income certification review as a prospective mortgagor, borrower or renter may be delayed or cancelled.

Instructions: Project Owner / Agent – Complete Items 1 through 7. Have household member 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 household member 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 household member 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 Household Member (Include employee number) Name: _____ Address: _____	8. Signature of Household Member _____
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Part II - Verification of Present Employment

9. Household Member's Start Date of Employment:	10. Present Position:	11. Probability of Continued Employment:
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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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Type</td> <td style="width:50%;">Monthly Amount</td> </tr> <tr> <td>Base Pay</td> <td>\$ _____</td> </tr> </table>	Type	Monthly Amount	Base Pay	\$ _____	14. If any Overtime and/or Bonus is applicable, is its continuance likely? Describe in "Remarks" below. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Overtime</td> <td style="width:50%;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Bonus</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type	Monthly Amount									
Base Pay	\$ _____									
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No									
Bonus	<input type="checkbox"/> Yes <input type="checkbox"/> No									

12 B. Gross Earnings				Rations	\$	15. If paid hourly – average hours per week:	
Beg Yr. (date)	To Date	Past Year	Past Year	Flight or Hazard		16. Date of Household Member's next pay increase:	
Base Pay	\$	\$	\$	Clothing		17. Projected amount of next pay increase:	
Overtime	\$	\$	\$	Quarters		18. Date of Household Member's last pay increase:	
Commissions	\$	\$	\$	Prop Pay		19. Amount of last pay increase:	
Bonus	\$	\$	\$	Overseas or Combat			
Total	\$	\$	\$	Variable Housing Allowance			

20. Remarks (Please use this area to describe any special circumstances like bonuses, overtime work, or extended time off)

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)

Household Member 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.**”

Household Member Name Household Member Signature Date

Head of Household Name



VERIFICATION OF UNEMPLOYMENT BENEFITS

Verification is to be completed by Unemployment Office or Household Member 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 members of the household. We ask your cooperation in supplying this information. This information will be used only to confirm 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: 20px;">a. If "Yes," what is Gross Weekly Payment? \$ _____</p> <p style="margin-left: 20px;">b. Date of Initial Payment: _____</p> <p style="margin-left: 20px;">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: 20px;">a. If <u>yes</u>, how many weeks? _____ weeks</p> <p style="margin-left: 20px;">b. If <u>no</u>, what is the termination date of benefits? _____</p>
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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>RELEASE:</p> <p>I hereby authorize the release of the requested information.</p>	
Household Member Name	Print Name of Authorized Representative
Household Member Signature	Signature of Authorized Representative
Date	Title: _____ Date: ____/____/_____ Telephone: (____) _____ - _____



VERIFICATION OF SOCIAL SECURITY BENEFITS

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

<p>AUTHORIZATION:</p> <p>Federal Regulations require LAHD to verify Social Security Benefits Income of all members of the household. We ask your cooperation in supplying this information. This information will be used only to confirm the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated.</p>	<p>SOCIAL SECURITY DATA:</p> <p>Date of birth _____ / _____ / _____</p> <p>\$ _____ Gross monthly Social Security Benefit amount, type of benefit</p> <p>\$ _____ Gross monthly supplemental security income payment amount (including Supplemental Security Income (SSI)), type of benefit.</p>
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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>RELEASE:</p> <p>I hereby authorize the release of the requested information.</p>	
Household Member Name	Print Name of Authorized Representative
Household Member Signature	Signature of Authorized Representative
Date	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.

<p>AUTHORIZATION:</p> <p>LAHD requires verification of Child Support Income of all members of the household. This information will be used only to confirm 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 Child Support: _____</p> <p>Address of Person Paying Child Support: _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____</p> <p>Support is for: <input type="checkbox"/> his <input type="checkbox"/> her child(ren).</p> <p>Name(s) of child(ren) being supported: _____ _____ _____</p> <p>Amount of support: \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p>
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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>RELEASE:</p> <p>I hereby authorize the release of the requested information.</p>	
<p>Household Member Name</p>	<p>Print Name of Authorized Representative</p>
<p>Household Member Signature</p>	<p>Signature of Authorized Representative</p>
<p>Date</p>	<p>Title: _____</p> <p>Date: _____ / _____ / _____</p> <p>Telephone: (_____) _____ - _____</p>



VERIFICATION OF RECURRING INCOME

(Verification to be completed by Person Providing Monetary Support)

<p>AUTHORIZATION:</p> <p>LAHD requires verification of any Recurring Income of all members of the household. This information will be used only to confirm the eligibility status and level of benefit of the household.</p> <p>If the household member is receiving any recurring money, complete this form. For example, if a parent who will not be living in the restricted unit provides money on a regular basis to a member of the household, the parent must provide that information and sign this form.</p> <p>Your prompt return of the requested information will be appreciated.</p>	<p>Name of Person Providing Monetary Support: _____</p> <p>Address of Person Providing Monetary Support: _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____</p> <p>\$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p>
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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>RELEASE:</p> <p>I hereby authorize the release of the requested information.</p>	
<p>_____</p> <p>Household Member Name</p>	<p>_____</p> <p>Print Name of Income Provider</p>
<p>_____</p> <p>Household Member Signature</p>	<p>_____</p> <p>Signature of Income Provider</p>
<p>_____</p> <p>Date</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 review package.

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.”**

School Representative Signature

Date

School Representative Name



RECORD OF VERIFICATION/CLARIFICATION

Use this form to verify or clarify income information such as seasonal work, overtime pay, sporadic payments, bank statements, etc.

HOUSEHOLD MEMBER INFORMATION

Name: _____ Unit #: _____

Project Address: _____ City: _____

INFORMATION VERIFIED/CLARIFIED

Item Verified/Clarified: Income Verification Bank Statements Tax Returns / W-2s Other: _____

PERSON CONTACTED

Name: _____ Title: _____

Company: _____ Email: _____

Phone: (Work) _____ (Cell) _____ (Home) _____

INFORMATION SUPPLIED:

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.”**

Name (Print) and Signature of Person Receiving Verification

Date

Name (Print) and Signature of Household Member

Date

ATTACHMENT A: LAND USE PROGRAM RENTAL REVIEW

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

For Household Member use ONLY. Do not submit with income certification 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 request and all documentation are received.** Incomplete requests will not be reviewed after five (5) business days from the date notified of the missing documentation, and the review request will be cancelled. Additional documentation may be requested by the reviewer for final confirmation. **UFBA is not allowed to speak to the household. Please do not give your contact information to the household. If you have any questions, please call your assigned UFBA reviewer.**