



Land Use Program Income Certification Review 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: 1/1/2024



What you should know before you begin completing the income certification review package:

- Submit a complete review package 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 pay stubs, income tax records, bank deposits, and other records required to **calculate** annual income.
- Your policies and procedures for processing any 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 certification review package (continued):

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



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

- LAHD's contractor, Urban Futures Bond Administration (UFBA), currently handles the review of income certification review packages.
- **Submit certification review packages by email ONLY to UFBA: lucert@ufbahc.com.** Email complete certification review packages with supporting documents **all in one email thread**.
- UFBA has 10 business days from the date of receiving **complete** certification review packages to provide a final determination.
 - Please advise prospective tenants that they are only able to move into the restricted unit after their income has been certified. They should not give notice to their current landlord before or during UFBA's review.



Key Things to Note:

- Annual Income (Page 6)
- Calculating Income (Page 7)
- TIC-Q Form (Pages 8-9)
- Request for Income Certification Form (Page 10-13)
- Required Documentation (Pages 14-15)
- TIRC Form (Pages 16-20)
- Applicant's Statement (Page 21)
- 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 household, 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



Calculating Income - Example

A teacher's assistant works 9 months annually and receives \$1,300 per month. During the 3-month summer recess, the teacher's assistant works at summer job for \$600 per month. Calculate the annual income as follows:

$$\begin{array}{r} \$11,700 \quad (\$1,300 \times 9 \text{ months}) \\ + \underline{\$1,800} \quad (\$600 \times 3 \text{ months}) \\ \hline \$13,500 \quad \textbf{Total Annual Income} \end{array}$$

This and many other examples can be found in the HUD Occupancy Handbook Chapter 5: Determining Income & Calculating Rent
https://www.hud.gov/sites/documents/DOC_35649.PDF



Tenant Income Certification Questionnaire (TIC-Q)

You may find it useful to complete the TIC-Q first. The 5-page TIC-Q covers items that will be requested in the rest of the certification review package.

Every adult household member must complete their own TIC-Q. Household members must disclose all income and assets on this questionnaire.

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)	\$ _____



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

Phone: (____) _____

Email: _____

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

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

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	\$	\$	\$	\$	\$

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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

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

Phone: (____) _____ - _____

Email: _____ @ _____

Project Name: _____

Street Address: _____

Name of Household (HH) Member(s): # _____

Refer to your rent schedule to see the Maximum Allowable Income and enter that number here. Restricted units can be *Moderate, Low, Very Low, or Extremely Low*. Use the one that applies to the specific unit.

Number of Adults (over 18): _____

Number of Children (under 18): _____

Number of Bedrooms: _____

Maximum Allowable Income for this Unit: _____

Workforce: \$ _____

Moderate: \$ _____

Low: \$ _____

Very Low: \$ _____

Unit Number: _____

Unit Rent \$ _____

Homeless:

For Each Household Member Over 18 Years Old

HH Member #1

TOTAL

Current Monthly Income

\$ _____

\$ _____

Projected Income for Current Year

\$ _____

\$ _____

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.



Ann Sewill, General Manager
Tricia Keane, Executive Officer

Daniel Huynh, Assistant General Manager
Anna E. Ortega, Assistant General Manager
Luz C. Santiago, Assistant General Manager

City of Los Angeles



Karen Bass, Mayor

LOS ANGELES HOUSING DEPARTMENT
1200 West 7th Street, 9th Floor
Los Angeles, CA 90017
Tel: 213.808.8808

housing.lacity.org

LOS ANGELES HOUSING DEPARTMENT

2023 Income and Rent Limit - Land Use Schedule VI
Effective Date: August 1, 2023

	AMI	Net AMI	
2022 Area Median Income (AMI)	\$91,100	\$87,750	Change in AMI from 2022 = 7.79%
2023 Area Median Income (AMI)	\$98,200	\$92,500	Change in Net AMI from 2022 = 5.41%

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%)	\$26,500	\$30,300	\$34,100	\$37,850	\$40,900	\$43,950	\$46,950	\$50,560
Very Low (50%)	\$44,150	\$50,450	\$56,750	\$63,050	\$68,100	\$73,150	\$78,200	\$83,250
Low (80%)	\$70,650	\$80,750	\$90,850	\$100,900	\$109,000	\$117,050	\$125,150	\$133,200
Moderate (120%)	\$82,500	\$94,300	\$106,050	\$117,850	\$127,300	\$136,700	\$146,150	\$155,550

Table II: Maximum Allowable Rent Levels

Rent Level	Bedroom Size							
	Single	1-BR	2-BR	3-BR	4-BR	5-BR	6-BR	7-BR
Extremely Low (30%)	\$486	\$555	\$624	\$694	\$749	\$805	\$860	\$916
Very Low (50%)	\$809	\$925	\$1,041	\$1,156	\$1,249	\$1,341	\$1,434	\$1,526
Low (60%)	\$971	\$1,110	\$1,249	\$1,388	\$1,499	\$1,610	\$1,721	\$1,832
Moderate (110%)	\$1,781	\$2,035	\$2,289	\$2,544	\$2,747	\$2,951	\$3,154	\$3,358

This is a sample rent schedule. If you do not have a current Income and Rent Schedule, contact LAHD at lahd.occmotor@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 review package will be deemed incomplete and **will not be certified.**



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

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: _____



Required Documents: Bank and Account Statements

- Owner/Duly Authorized Agent is responsible for:
 - Including **ALL** pages of the most recent 3 months of bank statements for **ALL** checking accounts for each household member and **ALL** pages of the most recent account statements for all other asset accounts.
 - Reviewing **ALL** bank statements thoroughly.
 - The deposits reflect **ALL** income.
 - Clarifying the source of additional income in bank statements by providing a written statement by the household member. 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 household member(s) must submit:

- Copies of three (3) months of recent payroll stubs
- Signed copies of two (2) most recent income tax returns forms (all pages)
- Bank statements - all pages of **ALL ACCOUNTS**
 - 3 months for Checking accounts
 - Most recent statement for all other accounts
- Verification of Employment form

Self-employed household member(s) must submit:

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



Tenant Income and Rent Certification (TIRC) Form

The Tenant Income and Rent Certification Form (TIRC) is a required form that summarizes all the household'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				PART C. PROJECTED HOUSEHOLD ASSET INCOME			
Project Name:				<div data-bbox="1110 758 1767 879" style="border: 1px solid black; border-radius: 15px; padding: 5px; display: inline-block;"> <p>Complete all of Part A. General Property Information.</p> </div>			
Property Address:		City:	State: CA Zip:				
Owner Name:				Member # (from Part D)	Digits of the Account #	Value of Asset (NCV)	Actual Asset Income
Owner Address:			Phone:				

TIRC Form (Continued)

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 <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		Utilities paid by tenant <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	
(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 <u>(1+2)</u> \$ _____

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 income certification review package
- **Certification Type** - Indicate the type.
- **Income % Level** - Refer to your Agreement or rent schedule.
- **Utilities paid by tenant** - Check all utilities the tenant is responsible for paying.
- **(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**.



TIRC Form (Continued)

Tips For Completing Part C:

You can refer to page 24 of this tutorial for an example.

- Part C is a summary of the Asset Certification form (Page 5 of 19). List all assets that the household owns.
- **1. Household Member #** - Who owns the asset? (Corresponds to # in Part D)
- **2. Asset Type/Account #** - What type of asset is it? (e.g., Checking, 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. Enter the amount in this column. Annual Asset Income is calculated using the formula: **Cash Value multiplied by Account Interest Rate equals Annual Asset Income**
- **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% (amount multiplied by 0.0006). 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.

PART C. PROJECTED HOUSEHOLD ASSET INCOME			
*Documentation on File: <input type="checkbox"/> Yes <input type="checkbox"/> No			
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
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:			

TIRC Form (Continued)

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

PART D.				NET GROSS ANNUAL INCOME			
RACE of Head of Household				Ethnicity of Head of Household (Check <u>one</u>):			
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <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?	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							
5							
6							
Head of Household's Phone Number:				(3) Total Projected Household Income:			
Head of Household's E-mail:				Enter the amount from Part C-8 as "Total Asset Income":			
				(5) Total Income:			

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

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

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

Supporting documents must be provided

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

Complete the household's contact information.



TIRC Form (Continued)

PART E. HOUSEHOLD AND OWNER/DULY AUTHORIZED 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 the terms of my lease, and avoid potential rent increases.</p> <p>_____</p> <p>Head of Household Signature Date</p> <p>_____</p> <p>Co-head of Household / Other Adult Signature Date</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> <p>Select one: <input type="checkbox"/> Owner <input type="checkbox"/> Duly Authorized Agent</p> <p>Signature _____ Date: _____</p> <p>Print Name _____</p>
<p>PART F. For LAHD/UFBA Use Only</p> <p>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.</p> <p style="text-align: center;"><input type="checkbox"/> LAHD <input type="checkbox"/> UFBA Reviewer: _____ Date: _____</p>	

Tips For Completing Part E:

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



Required Form: Applicant 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 cancellation of my income certification review.”**



APPLICANT STATEMENT

I hereby swear that the information in this review package 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 my 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. I understand that I cannot move into the unit until the Los Angeles Housing Department (LAHD) confirms that I am an Eligible Household and I should not issue notice at my current residence until my income is certified. Failure to disclose ALL income and assets will be grounds for cancellation of my income certification review.

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 review process, LAHD may conduct a comprehensive background check. Furthermore, I understand that this review process serves only to confirm that my household income, as reported by the Owner/Duly Authorized Agent, is within the allowable income limits for the unit, and that the Owner/Agent is solely responsible for lease-up activities, including tenant application approvals and denials.

Additionally, I understand that the Owner has the right to manage their own separate tenant screening and selection processes. I understand that if any members in my household do not meet the standards of the separate screening or selection process (e.g., credit score, rent-to-income ratio, rental history, etc.), the Owner may deny my household application based on their own criteria so long as it is applied fairly and equally amongst all applicants and adheres to all Federal, State, and local laws.

Applicant Name (Print) _____ Applicant Signature _____ Date _____

(Please attach additional pages for each adult household member.)

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 review 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 household member(s) must read and initial each statement.

Both the household member(s) 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.

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 _____



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:

<u>Source</u>	<u>(A) Cash Value*</u>	<u>(B) Interest Rate</u>	<u>(A × B) = Income from Asset</u>	<u>Source</u>	<u>(A) Cash Value*</u>	<u>(B) Interest Rate</u>	<u>(A × B) = Income from Asset</u>
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)	\$		\$

List the “Cash Value” of all assets in the table. You must also list the “Interest Rates” for all the assets. Multiply the “Cash Value” with the “Interest Rate” to get the “Income from Asset”

Example: An household member has a savings account with a \$5,000 balance with 1% interest. Enter the following:

Cash Value = \$5,000
Interest Rate = 1%
Income from Asset = \$50 (5000 x 1%)



Asset Certification Form Continued

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

Read each statement with the household member.

Check all that apply.

All household members aged 18 or older are required to sign.



Verification of Employment Form



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: _____
---	--

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) () -
---	----------	---------	--

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
--	----------------------------------

Read and follow the instructions written.

You, as the Property Owner, Agent, or Manager are only responsible for Part I of this form.



Verification of Employment Form Continued

Part II – Verification of Present Employment																								
9. Household Member'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	14. If any Overtime and/or Bonus is applicable, is its continuance likely? Describe in "Remarks" below.																					
12 B. Gross Earnings		Type	Monthly Amount	Overtime																				
<table border="1"> <thead> <tr> <th>Beg Yr. (date)</th> <th>To Date</th> <th>Past Year</th> <th>Past Year</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Beg Yr. (date)	To Date	Past Year	Past Year					Base Pay	\$	Bonus												
Beg Yr. (date)	To Date	Past Year	Past Year																					
<table border="1"> <thead> <tr> <th>Base Pay</th> <th>\$</th> <th>\$</th> <th>\$</th> </tr> </thead> <tbody> <tr> <td>Overtime</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Commissions</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Bonus</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Total</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>		Base Pay	\$	\$	\$	Overtime	\$	\$	\$	Commissions	\$	\$	\$	Bonus	\$	\$	\$	Total	\$	\$	\$	Rations	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Base Pay	\$	\$	\$																					
Overtime	\$	\$	\$																					
Commissions	\$	\$	\$																					
Bonus	\$	\$	\$																					
Total	\$	\$	\$																					
		Flight or Hazard		<input type="checkbox"/> Yes <input type="checkbox"/> No																				
		Clothing		15. If paid hourly – average hours per week:																				
		Quarters		16. Date of Household Member's next pay increase:																				
		Prop Pay		17. Projected amount of next pay increase:																				
		Overseas or Combat		18. Date of Household Member's last pay increase:																				
		Variable Housing Allowance		19. Amount of last pay increase:																				
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.																								

Parts II, III, and IV should be sent to the household member's employer to be completed and sent back to you.

Include the completed Verification of Employment form in your review package submission.

This form should be sent directly to the employer and not give to the employee for delivery.



Other 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 household, you do not need to submit the form or you can write “N/A” on the form and submit it.



Property Owner and Property Management Information

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 Review 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 review package complete?

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

Remember: LAHD/UFBA will only review complete packages.



Most common reasons for not income certifying household:

1. The certification review package is incomplete.

Submitting a complete certification review package prevents delays in the Owner's overall application process. Use this tutorial as a tool to ensure your review package is complete to ensure it is reviewed.

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

All income and assets **MUST** be disclosed with the certification review package. If all income and assets are not disclosed, it will be grounds for non-certification. **ALL** assets must be disclosed. This includes any and all checking accounts, savings accounts, business accounts, retirement accounts, investment accounts. If a household has multiple sources of income, provide income documentation for **ALL** sources of income.

3. Household 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 review package to LAHD/UFBA.