|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This form is to certify: 1) rent charged and 2) tenant income eligibility to participate in one of the City of Los Angeles' affordable housing programs. Both the owner/manager and the head-of-household must complete, sign, and date the form. Income for all adults (over 18 years old) household members must be reported. For some programs, tenant income certification is required on an annual basis. | | | | | | | | | | | | | | | | | | | | |
| **PART A. GENERAL PROPERTY INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| Project Name: | | | | | | | | | | | | Prprty Mgr(s): | | | | | | | | |
| Property Address: | | | | | | | | | | | | Phone | | | FAX: | | | | | |
| Owner Name:       Email: | | | | | | | | | | | | email | | | | | | | | |
| Owner Address:       Phone: | | | | | | | | | | | | **PART C. PROJECTED TENANT ASSET INCOME** | | | | | | | | |
| **PART B. UNIT AND TENANT HOUSEHOLD INFORMATION** | | | | | | | | | | | | **\*Documentation on File:** Yes  No | | | | | | | | |
| Unit # | | No. of Bdrms | | Move in Date | | | **Certification Type** (select one)  New Tenant Date  Change in Hshld Size Date  Recertification Date | | | | | Household  Member # (below) | | 2. Asset Type/ Account # | | | 3. Net Cash Value of Asset (**NCV)** | | | 4. Actual Asset Income |
|  | |  | |  | | |  | | | | |  | |  | | |  | | |  |
|  | |  | |  | | |  | | | | |  | |  | | |  | | |  |
| **Income % Level**  30  45  VLL  40  60  VL  50  120  Low  80  150  Mod  35  other \_\_\_\_\_\_ | | | | **HOME program only**  High HOME  Low HOME  HOME/Tax Credits  HOME/SRO/Group | | | **Utilities paid by tenant (2)**  Basic Electricity  Gas Water Heating  Electric Heating  Gas Heating  Electric Cooking   Gas Cooking  Air Conditioning   Water | | | | |  | |  | | |  | | |  |
|  | | | |  | | |  | | | | |  | |  | | |  | | |  |
|  | | | |  | | |  | | | | | 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* \_\_\_\_\_ % (HUD Passbook Rate) enter the results here; otherwise leave blank. | | | | | | |  | |
| (1) Tenant Portion of Rent  $ | | (2)  **Utility Allwnc**  $ | (3)  **Rental Subsidy**  Project Based Rental Subsidy $  Housing Choice Voucher $  Shelter Plus Care $  Other Rental Subsidy **$** | | | | | | | **Total Unit Rent**  (1+2+3)  $ | |  | | | | | | |  | |
|  | |  |  | | | | | | |  | | 8. Enter the greater of 5 or 7 from above: | | | | | | |  | |
| **PART D. Tenant household composition and Gross Annual Income (Must be completed by Head of Household)** | | | | | | | | | | | | | | | | | | | | |
| **RACE** **of Head of Household** (Check all that apply)  I decline to furnish this info.  American Indian or Alaska Native  Black or African American  Asian  Native Hawaiian or Other Pacific Islander  White  Other | | | | | | | | | | **Ethnicity** **of Head of Household** (Check one)  I decline to furnish this info.  Non-Hispanic or Latino  Hispanic or Latino | | | | | | | | | | |
| Household  Size | **(1) Tenant/Occupants Name**  (Include students and/or other temporary absentee family members) | | | | Relationship  (to Head of Household) | Gender | | Age | **(2) Projected Annual Household Income**  List amounts of all wages, salaries, benefits, public assistance, calculated assets, and other sources of income below for each member of the household. | | | | | | | | | | | |
|  |  | | | |  |  | |  | **Type of Income\*** (see page 2) | | **\*Is supporting Documentation on File?** | | **Current Monthly**  **Gross Income** | | | **Projected Gross Annual Income** | | | | |
| 1 |  | | | |  |  | |  |  | | Yes  No | |  | | |  | | | | |
| 2 |  | | | |  |  | |  |  | | Yes  No | |  | | |  | | | | |
| 3 |  | | | |  |  | |  |  | | Yes  No | |  | | |  | | | | |
| 4 |  | | | |  |  | |  |  | | Yes  No | |  | | |  | | | | |
| 5 |  | | | |  |  | |  |  | | Yes  No | |  | | |  | | | | |
| 6 |  | | | |  |  | |  |  | | Yes  No | |  | | |  | | | | |
| **Tenant Phone number:** | | | | | | | | | **(3) Total Projected Household Income:** | | | | | | | | |  | | |
| **Email**: | | | | | | | | | **(4) Enter the amount from Part C-8 as “Total Asset Income”:** | | | | | | | | |  | | |
|  | | | | | | | | | **(5) Total Income:** | | | | | | | | |  | | |
| **\*Income Source & Documentation-** *Submitted and on File for* ***Head of Household*** (cont. page 2 for additional occupants)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Wages/Salaries**  Pay stubs  Employer verification | **Self Employment**  Tax schedule/return  Accountant Report  IRS 450GT | **Pension/Benefits / Public Assistance**  Award Letter  Unemployment  Check Stubs  Welfare  Bank Statement  SS, SSI, SSDI | **Assets**  Award Letter  Check Stubs  Bank Statement | **Other**  Other \_\_\_\_\_\_\_\_\_  Child Support/Alimony  Military Pay | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **STUDENT STATUS** | | | | | | | | | | | | | | | | | | | | |
| ARE ALL OCCUPANTS FULL TIME STUDENTS?  YES  NO | | | | | | | | | | **If YES, check the student explanation** (Check one)  AFDC/TANF Assistance  Job Training Program  Single Parent / Dependent Child  Married / Joint Return  Former Foster Care | | | | | | | | | | |
| **PART E TENANT AND OWNER/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. Codestates **“a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government**.” I further agree to provide any income source document item that is required to establish my eligibility, comply with terms of my lease, and avoid potential rent increases. | | | | | | | | | | | | I certify that I have verified each source and amount of gross income this tenant household has declared. I find the household to be eligible to occupy a restricted unit. | | | | | | | | |
| |  |  | | --- | --- | |  |  | | Head of Household Signature | Date | |  |  | | Co-head of House Hold / Other Adult Signature | Date | | | | | | | | | | | | | Owner   Property Manager    Signature Date    Print Name | | | | | | | | |

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

**\*Income Source Documentation -** *Submitted and on File for:*

***Tenant-Occupant #2***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wages/Salaries**  Pay stubs  Employer verification | **Self Employment**  Tax schedule/return  Accountant Report  IRS 450GT | **Pension/Benefits / Public Assistance**  Award Letter  Unemployment  Check Stubs  Welfare  Bank Statement  SS, SSI, SSDI | **Assets**  Award Letter  Check Stubs  Bank Statement | **Other**  Other \_\_\_\_\_\_\_\_\_  Child Support/Alimony  Military Pay |

***Tenant-Occupant #3***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wages/Salaries**  Pay stubs  Employer verification | **Self Employment**  Tax schedule/return  Accountant Report  IRS 450GT | **Pension/Benefits / Public Assistance**  Award Letter  Unemployment  Check Stubs  Welfare  Bank Statement  SS, SSI, SSDI | **Assets**  Award Letter  Check Stubs  Bank Statement | **Other**  Other \_\_\_\_\_\_\_\_\_  Child Support/Alimony  Military Pay |

***Tenant-Occupant #4***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wages/Salaries**  Pay stubs  Employer verification | **Self Employment**  Tax schedule/return  Accountant Report  IRS 450GT | **Pension/Benefits / Public Assistance**  Award Letter  Unemployment  Check Stubs  Welfare  Bank Statement  SS, SSI, SSDI | **Assets**  Award Letter  Check Stubs  Bank Statement | **Other**  Other \_\_\_\_\_\_\_\_\_  Child Support/Alimony  Military Pay |

***Tenant-Occupant #5***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wages/Salaries**  Pay stubs  Employer verification | **Self Employment**  Tax schedule/return  Accountant Report  IRS 450GT | **Pension/Benefits / Public Assistance**  Award Letter  Unemployment  Check Stubs  Welfare  Bank Statement  SS, SSI, SSDI | **Assets**  Award Letter  Check Stubs  Bank Statement | **Other**  Other \_\_\_\_\_\_\_\_\_  Child Support/Alimony  Military Pay |

***Tenant-Occupant #6***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wages/Salaries**  Pay stubs  Employer verification | **Self Employment**  Tax schedule/return  Accountant Report  IRS 450GT | **Pension/Benefits / Public Assistance**  Award Letter  Unemployment  Check Stubs  Welfare  Bank Statement  SS, SSI, SSDI | **Assets**  Award Letter  Check Stubs  Bank Statement | **Other**  Other \_\_\_\_\_\_\_\_\_  Child Support/Alimony  Military Pay |

***Tenant-Occupant #7***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wages/Salaries**  Pay stubs  Employer verification | **Self Employment**  Tax schedule/return  Accountant Report  IRS 450GT | **Pension/Benefits / Public Assistance**  Award Letter  Unemployment  Check Stubs  Welfare  Bank Statement  SS, SSI, SSDI | **Assets**  Award Letter  Check Stubs  Bank Statement | **Other**  Other \_\_\_\_\_\_\_\_\_  Child Support/Alimony  Military Pay |

***Tenant-Occupant #8***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Wages/Salaries**  Pay stubs  Employer verification | **Self Employment**  Tax schedule/return  Accountant Report  IRS 450GT | **Pension/Benefits / Public Assistance**  Award Letter  Unemployment  Check Stubs  Welfare  Bank Statement  SS, SSI, SSDI | **Assets**  Award Letter  Check Stubs  Bank Statement | **Other**  Other \_\_\_\_\_\_\_\_\_  Child Support/Alimony  Military Pay |

(Please attach additional pages for more than 4 Occupant-Tenants)