

TENANT INCOME AND RENT CERTIFICATION FORM
County of Santa Barbara
Housing and Community Development Department

Unit #: _____

This form is to certify: 1) rent charged and 2) tenant income eligibility to participate in the County of Santa Barbara's HOME funded affordable housing program. Both the owner/manager and all adult individual members must sign and date the form. Income for all adults (over 18 years old) household members must be reported. For HOME 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: | E-mail: |
| Owner Address: Phone: | |

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

| PART B. UNIT AND TENANT HOUSEHOLD INFORMATION | | | |
|--|-----------------------------|---|--|
| Unit # | No. of Bdrms | Move in Date | Certification Type (select one) <input type="checkbox"/> New Tenant Date _____ <input type="checkbox"/> Change in Hshld Size Date _____ <input type="checkbox"/> Recertification Date _____ |
| Income % Level <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> VLL <input type="checkbox"/> 40 <input type="checkbox"/> 60 <input type="checkbox"/> VL <input type="checkbox"/> 50 <input type="checkbox"/> 120 <input type="checkbox"/> Low <input type="checkbox"/> 80 <input type="checkbox"/> 150 <input type="checkbox"/> Mod <input type="checkbox"/> 35 <input type="checkbox"/> other _____ | | HOME program only <input type="checkbox"/> High HOME Low <input type="checkbox"/> HOME HOME/Tax <input type="checkbox"/> Credits HOME/ <input type="checkbox"/> SRO/Group | Utilities paid by tenant (2) <input type="checkbox"/> Basic Electricity Heating <input type="checkbox"/> Gas Water <input type="checkbox"/> Electric Heating <input type="checkbox"/> Gas Heating <input type="checkbox"/> Electric Cooking <input type="checkbox"/> Gas Cooking <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Water |
| (1) Tenant Portion of Rent \$ _____ | (2) Utility Allwnc \$ _____ | (3) Rental Subsidy <input type="checkbox"/> Project Based Rental Subsidy \$ _____ <input type="checkbox"/> Housing Choice Voucher \$ _____ <input type="checkbox"/> Shelter Plus Care \$ _____ <input type="checkbox"/> Other Rental Subsidy \$ _____ | Total Unit Rent (1+2+3) \$ _____ |

| Household Member # (below) | 2. Asset Type/ 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 _____ % (HUD Passbook Rate) enter the results here; otherwise leave blank. | | | |
| 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) <input type="checkbox"/> I decline to furnish this info. <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other | Ethnicity of Head of Household (Check one) <input type="checkbox"/> I Decline to furnish this info. <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Hispanic or Latino |

| Household Size | (1) Tenant/Occupants Name (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 2) | *Is supporting Documentation on File? | Current Monthly Gross Income | Projected Gross Annual Income |
| 1 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 2 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 4 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 5 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 6 | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

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

| 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. Code states "a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government." I further agree to provide any income source document item that is required to establish my eligibility, comply with terms of my lease, and avoid potential rent increases. | 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 | <input type="checkbox"/> Owner <input type="checkbox"/> Property Manager |
| _____ Co-head of House Hold / Other Adult Signature Date | Signature _____ Date _____ Print Name _____ |

| DEFINITIONS | |
|---|--|
| <i>(Complete definitions are available from the property representative or the United States Department of Housing and Urban Development Technical Guide – “Determining Income and Allowances”)</i> | |
| Part C Assets (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 a

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

Tenant-Occupant #3

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

Tenant-Occupant #4

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

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