

# TENANT INFORMATION FORM

Tenant ID \_\_\_\_\_

Please complete and review the following Tenant Information Form. This information will help us determine your assistance.

Head of Household \_\_\_\_\_

Unit Address \_\_\_\_\_

Unit City, State, ZIP \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

E-mail Address \_\_\_\_\_  I would like to receive correspondence via e-mail.

## Part 1: Household Information

Starting on the first line for the Head of Household, please supply the following information for all adults and children that will live in the housing unit to be assisted. List adults first, then children. Enter one of the following codes in box 6 to identify the household relationship of each adult and child listed.

H = Head of Household  
S = Spouse (Married)

K = Co-Head (Not Married)  
F = Foster Child/Adult

Y = Youth Under 18  
E = Full Time Student Over 18

L = Live-in Aide  
A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American		10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
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# TENANT INFORMATION FORM

## Part 4: Income Information

1. Did you file a Federal Income Tax Return last year?  Yes  No
2. Does anyone living outside your household pay for or provide money for any of your household bills or living expenses?  Yes  No

List income information for all family members 18 or older, including income received on behalf of the household members under the age of 18. Check "Fixed" for income that changes annually based on a COLA or Interest Rate. An income is any one of the following types without limitation:

Alimony Payments	Food Stamps	Self Employment	Wages/Salaries
Child Support	Military Pay	Social Security Benefits	Welfare Benefits
Disability Benefits	Periodic Gifts	SSI	Worker's Compensation
Financial assistance to attend school	Retirement Payments	Unemployment Benefits	

**DOCUMENTATION REQUIRED:** Provide two current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Provided box for each income.

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Income Type	Fixed <input type="checkbox"/>	Monthly Income \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Attach Additional Sheets if Necessary

# TENANT INFORMATION FORM

## Part 5: Household Expenses

1. Does any adult household member (age 18 or older) attend school full time? (If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below.)  Yes  No

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2. Does any member of your family have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult family member can work or attend classes?  Yes  No

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3. Does any member of your family have UNREIMBURSED expenses for care of a person with disabilities so that an adult family member can work?  Yes  No

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4. **ONLY complete the following if the head of household, spouse or co-head is age 62 or older, or has a disability.**  
Does any member of your family have UNREIMBURSED medical expenses (ie. Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription/Non Prescription Medicines (prescribed by a physician))?  Yes  No

List expense information relating to questions marked as Yes in the lines above.

**DOCUMENTATION REQUIRED:** Provide documentation from Verification Source listing the monthly payment for each expense and check the Documentation Provided box for each expense.

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment \$	Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
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Verification Source Name and Address

Attach Additional Sheets if Necessary

## Part 6: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X \_\_\_\_\_

\_\_\_\_\_ Date