



Move-in Date: _____
 Recert Date: _____

TENANT INCOME CERTIFICATION FORM

An income certification is required as one of the stipulations of renting an affordable unit under the Housing Authority Program. In order to ensure compliance, please fill out the following and return it with **proof of gross income and assets** to the rental agent.

RENTAL ADDRESS: _____ **NAME OF OWNER OR PROJECT:** _____
 _____ **MONTHLY RENT: \$** _____
 _____ **NUMBER OF BEDROOMS:** _____

Tenant Phone: Home _____ **Work:** _____

Names of Members of Household	Relationship To Head of Household	Date of Birth	Employer or Other Source of Income	Annual Gross Income*
	Head			\$
				\$
				\$
				\$
				\$
Anticipated gross income of all adults during the next 12-month period:			\$	

- *Annual Gross Income includes:**
- 1) all wages and salaries, overtime, commissions and bonuses **BEFORE** payroll deductions;
 - 2) full amount of periodic payment received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, alimony, child support and regular contributions/gifts;
 - 3) payments in lieu of earnings.

Total value of all assets (excluding personal property):.....\$ _____
Income expected from assets during next 12-month period (Interest, dividends, etc.).....\$ _____
 (Include Only If Assets Exceed \$5,000)
TOTAL OF ALL INCOME DURING NEXT 12-MONTH PERIOD:.....\$ _____

TO BE CERTIFIED YOU MUST ATTACH PROOF OF INCOME

The undersigned certifies that all of the above information is a full disclosure of all income and is true and correct. This information is to be updated each year and the undersigned agrees to provide income information when requested. Continuing occupancy of this unit with a restricted rent level is contingent upon providing proof on an annual basis that the household's income does not exceed the income guidelines of the funding program.

 Date (Tenant's Signature)

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Instructions for Tenant Income Certification Form

Rental Address – Address of unit being certified.

Name of Owner or Project – Owner of the unit or the name of subdivision/project.

Monthly Rent - Current total rent being charged for the unit.

Number of Bedrooms – Total number of bedrooms in this unit. (In the case of shared occupancy, use “SRO” for Single Room Occupancy.)

Tenant Phone – List home and work numbers for head of household.

Names of Members of Household – List all members of the household, including children, dates of birth and the source of income for each member.

Annual Gross Income – List the annual income, before taxes, for each member of the household. Income includes all sources even if they are not considered taxable income.

Anticipated Gross Income of all adults during the next 12 month period – Total of the Annual Gross Income listed for each adult in the household.

Total Value of all assets – Assets include cash, checking accounts, savings accounts, stocks, bonds, real property, etc.

Income expected from assets during next 12 months – Give total income derived from assets included in amount above. (Interest, dividends, rents, etc.)

Total of all Income during next 12-month period – Add together the figures for **Anticipated Gross Income of all adults during the next 12-month period** and **Income expected from assets during next 12 months**.

Proof of Income – You **must provide proof of income to be certified eligible** to occupy this unit. A list of acceptable documents is attached. Continuing occupancy of this unit with a restricted rent is contingent upon providing proof on an annual basis that the household’s income does not exceed the income guidelines of the funding program.

Signature – Tenant Certification Form **must be signed** in order to be valid.

Date – Tenant Certification Form **must be dated** the day of signing.

Any question feel free to email HousingTrust@srcity.org or call the main line 707-543-3300.



The City of Santa Rosa does not discriminate against individuals with disabilities in its employment, services, benefits, facilities, programs, or activities. Requests for accommodations, auxiliary aids, or services necessary to participate in a City program, service, or activity, including printed information in alternative formats, are available by contacting the Housing and Community Services Administrative Secretary at 707-543-3300 (TTY Relay at 711) or HousingTrust@srcity.org. Requests should be submitted as far in advance as possible.



CITY OF SANTA ROSA
HOUSING AND COMMUNITY SERVICES
90 Santa Rosa Avenue ☐ Santa Rosa, CA 95404
Phone (707) 543-3300 ☐ Fax (707) 543-3353
www.srcity.org