

# TENANT HOUSEHOLD DATA FORM

## DEVELOPMENT DATA

Development Name: \_\_\_\_\_

Building Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Unit #: \_\_\_\_\_ Unit Type:    SRO    Eff    1BR    2BR    3BR    4BR    5BR    Mobile Home    Sng Fm Hm

## TENANT DATA/HOUSEHOLD COMPOSITION

Date first moved into the building: \_\_\_\_/\_\_\_\_/\_\_\_\_   Lease start date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Lease expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Housing Status:    Rent    Own    Rent to Own    Other: \_\_\_\_\_

HH Mbr #	Last, First	Relationship to Head of Household	DOB (MM/DD/YY)	Race *Relocation Opportunities for Minority Persons (49 CFR 24.205 (c)(2)(ii)(D))	Gross Monthly Income			
					Employment	Public Assistance	Soc. Sec/ Pension	Other (identify)
1		HEAD						
2								
3								
4								
5								
6								
7								
8								

Total Household Size \_\_\_\_\_

Total Annual Household Income : \$ \_\_\_\_\_

## Student Status

Are All Occupants Full Time Students?    Yes    No   \*If Yes, Enter Student Explanation (1-5): \_\_\_\_\_

*\*Student Explanation: 1. TANF Assistance   2. Job Training Program   3. Single parent/dependent child   4. Married/joint return   5. Formerly in foster care*

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## Multi-Family

Tenant Paid Rent: \$ \_\_\_\_\_  
Monthly Utility Allowance: \$ \_\_\_\_\_  
Gross Rent for unit ( UA + Tenant Paid Rent): \$ \_\_\_\_\_  
Federal Rent Assistance: \$ \_\_\_\_\_ Source of Rent Assistance: \_\_\_\_\_  
Non-Federal Rent Assistance: \$ \_\_\_\_\_

## Owner (URA & mobile home only):

Mobile Home: Rent for land: \$ \_\_\_\_\_  
Monthly Mortgage Payment (P&I): \$ \_\_\_\_\_ Real Property Taxes: \$ \_\_\_\_\_  
Average Monthly Utility Costs: \$ \_\_\_\_\_ Total monthly housing cost: \$ \_\_\_\_\_

Number of Pets in household: \_\_\_\_\_ Type(s): \_\_\_\_\_

Accessibility/Accommodation Needs:  Mobility  Mobility + Shower  Hearing & Sight

Accessibility Feature (Specify): \_\_\_\_\_  Other (Specify): \_\_\_\_\_

## Tenant Certification

By signing this form, I certify that I understand all of the questions on this form and that all of my answers are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Head of Tenant Household

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of the federal agency. Household anticipated income as stated above has been verified.**