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   ☐ SFH

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 Member #	Last, First	Relationship to Head of Household	DOB (MM/DD/YY)	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: $_____

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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

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 (Mobile home only):

Mobile Home: Rent for land: $_____

Monthly Mortgage Payment (P&I): $_____   Real Property Taxes: $_____

Average Monthly Utility Costs: $_____   Total monthly housing cost: $_____

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.