



LAND USE COVENANTED RESTRICTED RENTAL UNIT INCOME CERTIFICATION PACKAGE

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Revised 3/3/2025

**LAHD LAND USE PROGRAM RESTRICTED RENTAL UNIT
INCOME CERTIFICATION PACKAGE**

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LAHD - REQUEST FOR INCOME CERTIFICATION

Requests for income certifications are ONLY accepted from the owner or duly authorized agent. LAHD/UFBA will respond within ten (10) business days after a complete request and all documentation are received. Incomplete requests will not be reviewed after five (5) business days from the date notified of the missing documentation, and the review request will be closed. Additional documentation may be requested by the reviewer. Attach additional page(s) for households with 5 or more members.

To: Urban Futures Bond Administration
 Occupancy Monitoring Agent for LAHD
 Email: lucert@ufbahc.com

Date: _____

From: _____

Income certification forms must be completed by the owner or duly authorized agent only.

Owner Duly Authorized Agent

Phone: (_____) _____ - _____

Project Name: _____

Street Address: _____ City: _____ State: CA Zip: _____

Name of Household (HH) Member(s): #1 : _____ #2: _____

#3 : _____ #4: _____

Number of Adults (over 18): _____ Number of Children (under 18): _____

Number of Bedrooms: _____ Unit Number: _____ Unit Square Footage: _____ Homeless:

Maximum Allowable Rent Limit: \$ _____ Tenant Portion of Rent: \$ _____

Maximum Allowable Income: \$ _____ Extremely Low Very Low Low Moderate Workforce

For Each Household (HH) Member Over 18 Years Old:	HH Member #1	HH Member #2	HH Member #3	HH Member #4	TOTAL
Projected Income for Upcoming 12 Months					

***If the project/unit is 100% restricted by TCAC or other funding, you are not required to submit this package to LAHD for the income certification.**

<p><u>For Owner/Agent Preparer Use Only</u> Owner/Duly Authorized Agent of this request has determined that the above household is an Eligible Household and requests that LAHD certify its selection. All supporting documentation is attached to this review. I certify that the household has not moved into the unit and will not move into the unit until LAHD confirms that the household is an Eligible Household.</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p><input type="checkbox"/> Owner <input type="checkbox"/> Duly Authorized Agent</p>	<p><u>For LAHD/UFBA Use Only</u> LAHD/UFBA reviewer has completed their assessment and confirms that the above household is:</p> <p><input type="checkbox"/> an Eligible Household. <input type="checkbox"/> not an Eligible Household.</p> <p><i>The household was not eligible for the following reason(s):</i></p> <p><input type="checkbox"/> Income exceeds limit <input type="checkbox"/> Conflict of Interest</p> <p><input type="checkbox"/> Occupancy standards were not met</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> The review has been closed.</p> <p><i>The income certification review was closed for the following reason(s):</i></p> <p><input type="checkbox"/> Information was incomplete or incorrect</p> <p><input type="checkbox"/> Necessary documents were not provided</p> <p>LAHD/UFBA Reviewer: _____ Date: _____</p>
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LAHD - CHECKLIST OF REQUIREMENTS

For **EACH** adult household member (over 18 years of age)

Please include this checklist when you submit the Income Certification Package to UFBA.

Documentation must be within 30 days old at the time of your submission.

1. Provide all of the following forms signed by each adult household member over 18 years of age:

- Request for Income Certification
- Tenant Income and Rent Certification Form (TIRC)
- Tenant Income Certification Questionnaire (TIC-Q)
- Applicant and Owner/Authorized Agent Statement Form
- Conflict of Interest Form
- Asset Certification Form

2. If employed, provide the following documents:

- Copies of payroll stubs for the two (2) most recent months for every employer
- Signed copy of the most recent income tax return
- Verification of Employment form completed by employer

3. If self-employed, provide the following documents:

- Signed copies of the most recent years' income tax return with Schedule C (1099 if Applicable)
- Current six (6) month profit and loss statement

4. If an adult household member is not employed, provide:

- Certification of Zero Income form

5. If an adult household member is receiving other benefits, provide:

- Proof of any income (e.g., Social Security, Award Letter, Pension, unemployment checks, child support, alimony, Public Assistance, CAPI, TANF/AFDC, Disability and/or Worker's Compensation Benefit Information, General Assistance or other sources of income). NOTE: For unemployment checks, the household member must provide: 1) Award Letter from Employment Development Department (EDD) within 60 days of anticipated move-in date; or 2) EDD Transcript available from: <https://edd.ca.gov/>

6. If an adult has Assets (Checking, Savings, Stocks, Bonds, CD's, Investments Accounts, etc.), provide:

- Current month of most recent account statements for all Checkings, Savings, CD's, etc. accounts (all pages)

7. If an adult owns Real Estate, provide:

- Information on Real Estate Ownership (Fair Market Value and/or Closing Statement)

PLEASE NOTE: UFBA will respond within ten (10) business days after a **complete request and all documentation are received**. Incomplete requests will not be reviewed after five (5) business days from the date notified of the missing documentation, and the review request will be cancelled. Additional documentation may be requested by the reviewer for final confirmation. **UFBA is not allowed to speak to the household; Please do not give UFBA's contact information to the household. If you have any questions, please call your assigned UFBA reviewer.**

LAHD - TENANT INCOME AND RENT CERTIFICATION (TIRC) FORM

This form is to certify: 1) rent charged and 2) household income eligibility to occupy a City of Los Angeles land use-restricted affordable unit. Both the Owner/Duly Authorized Agent and all adult household members must complete, sign, and date this form. Income for all adult household members (over 18 years of age) must be reported. For some programs, household income certification is required on an annual basis.

Instructions are included after this form (starting on page 7).

Part A. General Property Information

Project Name:		
Property Address:	City:	State: <u>CA</u> Zip:
Owner Name:	Phone:	
Owner Address:	Email:	

Part B. Unit and Household Information

Unit Number: _____	Number of Bedrooms: _____	Move-In Date and Certification Type: Estimated Move-in Date: _____ Original Move-in Date: _____ <input type="checkbox"/> N/A <input type="checkbox"/> New Tenant <input type="checkbox"/> Household Change <input type="checkbox"/> Comparable Replacement Unit <input type="checkbox"/> Post Move-In Certification	
Income Level: <input type="checkbox"/> 30% – Extremely Low <input type="checkbox"/> 50% – Very Low <input type="checkbox"/> 60% – Low <input type="checkbox"/> 80% – Low <input type="checkbox"/> 120% – Moderate <input type="checkbox"/> 150% – Workforce	Utilities Paid by Tenant: <input type="checkbox"/> Covenant executed before April 1, 2017. Utility Allowance does not apply (No need to complete this section). <input type="checkbox"/> Gas Cooking <input type="checkbox"/> Gas Space Heating <input type="checkbox"/> Gas Water Heating <input type="checkbox"/> Electric Cooking <input type="checkbox"/> Electric Space Heating <input type="checkbox"/> Electric Water Heating <input type="checkbox"/> Basic Electric <input type="checkbox"/> Range (Stove) <input type="checkbox"/> Refrigerator <input type="checkbox"/> Trash Collection <input type="checkbox"/> Code Enforcement <input type="checkbox"/> Water and Sewage <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Rent Stabilization Fee <input type="checkbox"/> Utilities Paid By Owner		
(1) Tenant Portion of Rent: \$ _____	(2) Utility Allowance: \$ _____	(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 Subsidy Amount: \$ _____	Total Unit Rent (1 + 2 + 3): \$ _____ <i>Please use the calculation table provided in the Instructions (page 8).</i>

Part C. Household Composition and Gross Annual Income – See Instructions starting page 7

Name of Household Member(s) <i>(including students and/or other temporary absentee family members)</i>	Relationship to Head of Household	Age	Type of income	Documentation on File?	Current Monthly Gross Income	Projected Gross Annual Income
1.	Head of Household			<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Head of Household's Phone Number:				(A) Total Projected Household Income:		
Head of Household's Email:						

INSTRUCTIONS FOR COMPLETING THE TENANT INCOME AND RENT CERTIFICATION FORM

The TIRC form is to be completed by the owner or a duly authorized agent.

Part A. General Property Information

Enter the following general property and owner information.

Project Name	Enter the name of the project.
Property Address	Enter the property's address, including the street address, city, state, and zip code.
Owner Name	Enter the owner's name.
Owner Address, Phone, and Email	Enter the owner's address, phone number, and email address.

Part B. Unit and Household Information

Unit Number	Enter the unit number. Please refer to the property's Covenant Agreement to ensure you meet all restricted unit requirements.
Number of Bedrooms	Enter the number of bedrooms. Please refer to the property's Covenant Agreement to ensure you meet all restricted unit requirements.
Certification Type	Check the most appropriate box. New Tenant: For new households. Household Change: For household changes, such as the addition of a new household member. Comparable Replacement Unit: For income certifying a household for a Comparable Replacement Unit (CRU). Post Move-In Certification: For households who moved in without being income certified.
Move-In Date	Enter the Estimated Move-in Date and/or Original Move-in Date of the household. If the household is not currently a tenant and the Original Move-in Date is not applicable, check the box for "N/A" and leave the Original Move-in Date blank.
Income Level	Enter the income level. Refer to your property's Covenant Agreement for the income level designation(s) of the restricted unit(s).
Utilities Paid by Tenant	Utility Allowance applies for Covenant Agreements executed on or after April 1, 2017. Check all boxes corresponding to the utilities paid by the household. If your property's Covenant Agreement does not require Utility Allowance, check the box that states, "Covenant executed before April 1, 2017. Utility Allowance does not apply." Covenants executed on or after April 1, 2017 require Utility Allowance.

(1) Tenant Portion of Rent	Enter the tenant's portion of the rent.														
(2) Utility Allowance	Utility Allowance applies for Covenant Agreements executed on or after April 1, 2017. Enter the total amount of Utility Allowance for all utilities the household is responsible for paying. Please find HACLA's current "Single and Multi-Family Residential Housing Utility Allowances" document at the bottom of this webpage: https://www.hacla.org/en/about-section-8/utility-allowances . Please use the utility allowances allocated for Multi-Family Residential Housing .														
(3) Rental Subsidy	Check the applicable box for any rental subsidies the household receives. Enter the amount of any rental subsidies the household receives. Leave this section blank if the household does not receive any rental subsidies.														
Total Unit Rent (1 + 2 + 3)	<p>Add (1) Tenant Portion of Rent, (2) Utility Allowance, and (3) Rental Subsidy then enter the sum as the Total Unit Rent. Please use the following table as a guide to calculate the Total Unit Rent.</p> <p>Total Unit Rent Calculation Table:</p> <table> <tr> <td>(1) Tenant Portion of Rent</td> <td>(1) \$ _____</td> </tr> <tr> <td>(2) Utility Allowance (if applicable)</td> <td>(2) \$ _____</td> </tr> <tr> <td>Total Monthly Rent:</td> <td>(1 + 2) \$ _____</td> </tr> <tr> <td>Maximum Allowable Rent Limit</td> <td>\$ _____</td> </tr> <tr> <td colspan="2"><i>Note: (1) Tenant Portion of Rent and (2) Utility Allowance must be within the Maximum Allowable Rent Limit set forth in the Covenant Agreement.</i></td> </tr> <tr> <td>(3) Rental Subsidy (if applicable)</td> <td>(3) \$ _____</td> </tr> <tr> <td>Total Unit Rent (1 + 2 + 3)</td> <td>(1 + 2 + 3) \$ _____</td> </tr> </table>	(1) Tenant Portion of Rent	(1) \$ _____	(2) Utility Allowance (if applicable)	(2) \$ _____	Total Monthly Rent:	(1 + 2) \$ _____	Maximum Allowable Rent Limit	\$ _____	<i>Note: (1) Tenant Portion of Rent and (2) Utility Allowance must be within the Maximum Allowable Rent Limit set forth in the Covenant Agreement.</i>		(3) Rental Subsidy (if applicable)	(3) \$ _____	Total Unit Rent (1 + 2 + 3)	(1 + 2 + 3) \$ _____
(1) Tenant Portion of Rent	(1) \$ _____														
(2) Utility Allowance (if applicable)	(2) \$ _____														
Total Monthly Rent:	(1 + 2) \$ _____														
Maximum Allowable Rent Limit	\$ _____														
<i>Note: (1) Tenant Portion of Rent and (2) Utility Allowance must be within the Maximum Allowable Rent Limit set forth in the Covenant Agreement.</i>															
(3) Rental Subsidy (if applicable)	(3) \$ _____														
Total Unit Rent (1 + 2 + 3)	(1 + 2 + 3) \$ _____														

Part C. Household Composition and Gross Annual Income

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income, including acceptable forms of verification.

List all prospective occupants of the unit and their income information. From the third party verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the certification. Complete a separate line for each household member.

Name of Household Member(s)	Enter every household member's name. Adults and children must be listed. Note that each household member is assigned a number of #1-6, which will be used in reporting assets in Part D.
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If there are more than 6 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

Relationship to Head of Household		State each household member's relationship to the head of household by using one of the following definitions.			
H	Head of Household	S	Spouse	L	Live-in Caretaker
A	Adult Co-Tenant	O	Other Family Member	N	None of the above
C	Child	F	Foster child(ren)/adult(s)	U	Unborn Child/Anticipated Adoption or Foster

Age	Enter the household member's Age.
Type of Income	<p>Enter the household member's type of income. Here are some examples:</p> <p><u>Job</u>: Amount before any deductions of wages and salaries, overtime pay, commissions, fees, tips and bonuses.</p> <p><u>Self-Employment</u>: 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.</p> <p><u>Social Security</u>: The full amount of payments from social security, annuities, insurance policies, retirement funds, pensions, disability, or death benefits, or other similar payments.</p> <p><u>Unemployment</u>: Payments such as unemployment and disability compensation, worker's compensation and severance pay.</p> <p><u>Welfare</u>: Welfare Assistance payments, excluding the value of food stamps.</p> <p><u>Alimony/ Child Support</u>: Alimony, child support payments, and regular contributions or gifts from persons not residing in the dwelling.</p> <p><u>Trust fund</u>: Any income from any trust not controlled by a family member.</p> <p><u>Military pay</u>: All regular pay, special pay and allowances of a member of the Armed Forces.</p> <p><u>Other</u>: List any other income.</p>
Documentation on File?	Check the appropriate box. Refer to Page 4 for a checklist of required documentation.
Current Monthly Gross Income	Enter the household member's current monthly gross income.
Projected Gross Annual Income	Enter the household member's anticipated income for the next 12-month period.
(A) Total Projected Household Income	Add every household member's income together and enter the sum. This number will be used in Part D.
Head of Household's Phone Number:	Enter the Head of Household's phone number.
Head of Household's Email:	Enter the Head of Household's email address

Part D. Income from Assets

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third party verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the certification. If individual household member income is provided, list the respective household member number from Part C and complete a separate line for each asset.

(B) HH Mbr #	Refer to Part C. Use the number beside each household member's name as the Household Member's ## ("HH Mbr #").
(C) Asset Type	List the type of asset (e.g., checking account, savings account, etc.)
(D) Last 4 Digits of Account #	Enter the last 4 digits of the asset's account number.
(E) Cash Value of Assets	Enter the cash value of the respective asset.
(F) Actual Income From Asset	Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
(G) If total assets >\$51,600 and no actual income, impute × 0.45%	If applicable, first subtract the federal tax return refund or refundable tax credits from total net family assets to determine if net family assets are at \$51,600 or over. If net family assets are at \$51,600 or over, enter the total of imputed assets if no annual interest rate is available. Only impute at the HUD passbook rate if assets are at \$51,600 or over.
(H) Total Income From Assets [Add columns (F) and (G)]	Add column (F) Actual Income From Asset and column (G) to get the Total Income From Assets.
(I) Total Annual Household Income from All Sources [Add Part C. (A) and Part D. (H)]	Add (A) Total Projected Household Income from Part C. and (I) Total Income From Assets [Add columns (G) and (H)] to get the Total Annual Household Income from All Sources. This must be within the maximum allowable income limit for the restricted unit. Please refer to the applicable Income and Rent Schedule.

Part E. Household Certification and Signatures

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Tenant Income and Rent Certification form.

The Owner or Duly Authorized Agent must sign and date the Tenant Income and Rent Certification form too.

Part F. For LAHD/UFBA Use Only

Please leave Part F. blank. LAHD/UFBA will complete this section if the household is income certified.

LAHD - APPLICANT STATEMENT

EACH adult household member must complete a copy of this form. Please read and initial beside EACH statement to indicate that you have read, understand, and agree with each statement.

(Initial) I hereby swear that the information in this review package is true and complete to the best of my knowledge.

(Initial) I understand that a misrepresentation of my income or the income of anyone else in my household may constitute a default in the agreement under which the unit will be occupied and may be cause for the disqualification of the agreement, pursuant to California's unlawful detainer procedures.

(Initial) I have disclosed all income and assets, and any inquiries may be made to verify the statements I submitted herein. **Failure to disclose ALL income and assets will be grounds for cancellation of my income certification review.**

(Initial) I understand that I cannot move into the unit until the Los Angeles Housing Department (LAHD) confirms that I am an Eligible Household, and I should not issue notice at my current residence until my income is certified.

(Initial) I have been advised that as part of the review process, LAHD may conduct a comprehensive background check. **Furthermore, I understand that this review process serves only to confirm that my household income, as reported.**

(Initial) I understand that the Owner has the right to manage their own separate tenant screening and selection processes. I understand that if any members in my household do not meet the standards of the separate screening or selection process (e.g., credit score, rent-to-income ratio, rental history, etc.), the Owner may deny my household application based on their own criteria so long as it is applied fairly and equally amongst all applicants and adheres to all Federal, State, and local laws.

(Initial) I understand that it is a crime, punishable by up to four (4) years in prison, to swear to facts which are not true and complete to the best of my knowledge. Furthermore, I understand that 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." In addition, making false statements is a felony under California State Law (Penal Code Section: 115, 118, 487, 532) and may result in criminal charges including perjury, grand theft, filing false documents with a public office, and obtaining money under false pretenses."

Household Member Name (Print)

Household Member Signature

Date

(Please attach additional copies for each adult household member.)

OWNER/DULY AUTHORIZED AGENT STATEMENT

I have read and understand the information in the "Request for Income Certification" document. As the Owner/Duly Authorized Agent, I certify that I have verified the information in this review package. Furthermore, I certify that the income submitted in the Request for Income Certification does not exceed the allowable income limits specified in the recorded covenant for the restricted unit.

Owner/Duly Authorized Agent Name (Print)

Owner/Duly Authorized Agent Signature

Date

LAHD - TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

Name: _____	Telephone Number: _____
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other <input type="checkbox"/> I am a new household member who has occupied/will occupy the unit on: _____	Unit #: _____

	Yes	No	Income Information	Monthly Gross Income
1.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed (list nature of self-employment) _____	(Use adjusted net income for self-employment only) \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job/have been offered employment and receive/will receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. List the businesses and/or companies that pay you: <u>Name of Employer:</u> 1. _____ 2. _____ 3. _____	\$ _____ \$ _____ \$ _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military Benefits/Income.	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Social Security payments.	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability, EDD paid family leave, EDD disability insurance, or death benefits other than Social Security.	\$ _____

LAHD - TENANT INCOME CERTIFICATION QUESTIONNAIRE (CONTINUED)

One Form per Adult Member of the Household

	Yes	No	Income Information	Monthly Gross Income
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (<i>examples: TANF, CalWorks, CAPI, AFDC, GA/GR</i>). <i>*Do not include CalFresh, SNAP, Food Stamps</i>	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments (<i>court ordered, parental agreement, etc.</i>). If yes, from how many persons do you receive support? _____	Total amount of support received \$ _____
12.	<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive alimony or spousal support payments (<i>court ordered, divorce agreement, etc.</i>). If yes, from how many persons do you receive support? _____	Total amount of support received \$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts (interest), annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: _____ _____	\$ _____ \$ _____
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(Use net earned income) \$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	I receive student financial aid (<i>public/private, exclude loans</i>). Subtract cost of tuition from aid received.	\$ _____
16.	<input type="checkbox"/>	<input type="checkbox"/>	Are any of the above noted income sources (<i>including Social Security, wages, unemployment, public assistance, disability, etc.</i>) currently being received as a Debit Visa or MC?	List Income Source _____ _____
17.	<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate receiving or have you applied for any income source beginning in the next 12 months?	List Income Source _____ _____

LAHD - TENANT INCOME CERTIFICATION QUESTIONNAIRE (CONTINUED)

One Form per Adult Member of the Household

	Yes	No	Asset Information	Interest Rate	Current Value
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) & last four digits of account number: 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) & last four digits of account number: 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I have funds on an EBT card, Debit Visa, or Debit MC.		Current Balance: \$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have available funds held in a payment service account, such as Venmo, PayPal, Skrill, etc. Source: 1. _____ 2. _____		\$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s). If yes, list bank(s). 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide a description. 1. _____ 2. _____		\$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I own cryptocurrency such as Bitcoin, Litecoin, Ethereum, etc. . If yes, list type. 1. _____ 2. _____		\$ _____ \$ _____

LAHD - TENANT INCOME CERTIFICATION QUESTIONNAIRE (CONTINUED)

One Form per Adult Member of the Household

	Yes	No	Asset Information	Interest Rate	Current Value
25.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or treasury bills. If yes, list sources/bank names. 1. _____ 2. _____	Interest/Dividend _____% _____%	\$ _____ \$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market account(s). If yes, list sources/bank names. 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/>	I have received a federal tax return refund or refundable tax credit in the last 12 months.		Refund Amount: \$ _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	I have a life insurance policy with a cash/surrender value. If yes, how many policies? _____		\$ _____
29.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (<i>i.e. gave away money/assets</i>) for less than the fair market value in the last 2 years. If yes, list items and date disposed. 1. _____ 2. _____		\$ _____ \$ _____
30.	<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand in excess of \$250.		\$ _____

	Yes	No	Student Status
	<input type="checkbox"/>	<input type="checkbox"/>	I am a part-time student
	<input type="checkbox"/>	<input type="checkbox"/>	I am a full-time student (<i>Example: K-12, College, Trade School, etc.</i>)
	<input type="checkbox"/>	<input type="checkbox"/>	Does the entire household consist of people who are currently <u>full-time students</u> ?
	<input type="checkbox"/>	<input type="checkbox"/>	Does the entire household consist of people who are either currently a full-time student or were a full-time student for 5 months or more in the current calendar year?
	<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?

LAHD - TENANT INCOME CERTIFICATION QUESTIONNAIRE (CONTINUED)

One Form per Adult Member of the Household

Yes No *If you answered yes to any of the previous 5 Student Status questions, are you:*

<input type="checkbox"/>	<input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (AFDC, TANF, CalWorks – not SSA/SSI)
<input type="checkbox"/>	<input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA), Workforce Investment Act (WIA), or other similar federal, state, or county government program
<input type="checkbox"/>	<input type="checkbox"/>	Married and filing (or are entitled to file) a joint tax return (please provide copy of marriage certificate or tax return)
<input type="checkbox"/>	<input type="checkbox"/>	Single Parent with a dependent child(ren) and neither you or your child(ren) are dependents of another individual
<input type="checkbox"/>	<input type="checkbox"/>	Previously enrolled in the Foster Care Program (currently age 18-24)

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of income eligibility. I understand that a misrepresentation of my income or the income of anyone else in my household may constitute a default in the agreement under which the unit will be occupied and may be cause for the disqualification of the agreement, pursuant to California's unlawful detainer procedures.

Household Member Name (Print)

Household Member Signature

Date

Witnessed by (Signature of Owner/Duly Authorized Agent)

Date

LAHD - ASSET CERTIFICATION

Complete one form per adult household member.

Household Member Name: _____ Unit #: _____

Project Address: _____ City: _____

Complete all that apply for Questions 1 through 4:

1. Choose One.

- I/we do not have any assets at this time.
- My/our assets include:

Please complete each item fully with amounts or N/A in columns that do not apply.

(A) Cash Value	(B) Interest Rate	(A × B) Actual Income from Asset	Source	(A) Cash Value	(B) Interest Rate	(A × B) Actual Income from Asset	Source
\$		\$	Checking I	\$		\$	Savings I
\$		\$	Checking II	\$		\$	Savings II
\$		\$	EBT/Debit	\$		\$	CD
\$		\$	Paypal/ Venmo/etc.	\$		\$	Crypto
\$		\$	Money Market	\$		\$	Trust
\$		\$	Cash over \$250	\$		\$	Stocks
\$		\$	Life Insurance Policies with cash out option				
\$		\$	Other (list) _____				

Cash value is defined as market value minus the cost of converting the asset to cash, such as, broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

Total Actual Income from Assets: _____ (Add all "Actual Income from Asset" columns together)

2. Choose one:

- I/we have not sold or given away assets (including cash, real estate, etc.) for less than market value during the past two (2) years.
- Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV).

Those amounts are included above and are equal to a total of: _____

Amount equals the difference between fair market value and the amount received

LAHD - ASSET CERTIFICATION (CONTINUED)

3. Do you own any real property? Yes No

Street Address or Assessor Parcel Number:	
Date Acquired:	
Gross Fair Market Value:	\$
Amount of Money Owed or Encumbrance:	\$
Is the real property being leased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the monthly rental amount?	\$

4. Imputed Income:

Only complete if the total net cash value of household assets exceeds \$51,600 and no annual interest rate is available.

The total net cash value of assets that do not have an actual income percentage for is: (C) \$ _____

HUD Passbook Rate: (D) 0.45% (0.0045)

Total Imputed Income: (C × D) \$ _____

5. Total Income From Assets.

Add the Total Actual Income from Assets from #1 on the previous page and the Total Imputed Income from #4 to get the Total Income From Assets.

Total Actual Income from Assets: \$ _____

Total Imputed Income: + \$ _____

Total Income From Assets: \$ _____

Under penalty of perjury, I certify that the information presented in this certification 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.**” *False, misleading or incomplete information may result in the cancelation of the income certification review and/or termination of a lease agreement.*

Household Member Name (Print)

Household Member Signature

Date

Household Member Name (Print)

Household Member Signature

Date

LAHD – REQUEST FOR VERIFICATION OF EMPLOYMENT

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in confirming whether you may be certified as a prospective renter under a City of Los Angeles program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your income certification review as a prospective renter may be delayed or cancelled.

Instructions: Project Owner / Agent – Complete Items 1 through 7. Have household member complete Item 8. Forward directly to employer named in Item 1. Employer – Please complete either Part II or Part III as applicable. Complete Part IV and return directly to the party named in Item 2.
(The form is to be transmitted directly to the Owner/Agent and is not to be transmitted through the household member or any other party.)

Part I - Request

1. To (Name and address of employer) Name:	2. From (Name and address of Project Owner/Duly Authorized Agent) Name:
Address:	Address:

I certify that this verification has been sent directly to the employer and has not passed through the hands of the household member or any other interested party.

3. Signature of Project Owner/Duly Authorized Agent	4. Title	5. Date	6. Phone Number (Optional) () -
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I state that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name of Household Member (Include employee number): Address of Household Member:	8. Signature of Household Member:
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Part II – Verification of Present Employment

9. Household Member's Start Date of Employment:	10. Present Position:	11. Probability of Continued Employment:	
12 A. Rate: <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly \$ _____ <input type="checkbox"/> Other: _____ If paid hourly – average hours per week: _____	13. For Military Personnel Only		14. If any Overtime and/or Bonus/Commission is applicable, is its continuance likely?
	Pay Grade		
12 B. Year to Date Gross Earnings	Type	Monthly Amount	Overtime (OT) <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Year to Date (Start Date):	Base Pay	\$	OT Rate per hour
Current Year to Date (End Date):	Rations	\$	Average # of OT Hrs (per week)
	Flight or Hazard	\$	Bonus /Commission <input type="checkbox"/> Yes <input type="checkbox"/> No
	Clothing	\$	Amount \$ _____ (check one) <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly <input type="checkbox"/> other: _____
Base Pay	Quarters	\$	
Overtime	Prop Pay	\$	15. Date of Household Member's next pay increase:
Commission, Bonus, other	Overseas or Combat	\$	16. Projected amount of next pay increase:
Total	Variable Housing Allowance	\$	
20. Remarks (Please use this area to describe any special circumstances like bonuses, overtime work, or extended time off):			

Part III – Verification of Previous Employment

21. Date Hired:	23. Salary/Wage at Termination per: <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Week		
22. Date Terminated:	Base: \$ _____ Overtime: \$ _____ Commissions: \$ _____ Bonus: \$ _____		
24. Reason for Leaving:	25. Position Held:		

Part IV – Authorized Signature Under penalty of perjury, I certify that the information presented in this certification 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.”

26. Signature of Employer:	27. Title (Please print or type):	28. Date:
29. Print or type name signed in Item 26.	30. Phone:	31. Email:

U.S. GOVERNMENT REQUIRED INFORMATION | PLEASE RESPOND WITHIN 5 DAYS.

LAHD - CERTIFICATION OF ZERO INCOME

(One form to be completed by each applicable household member over 18 years of age only)

Household Member Name: _____ Unit #: _____

Project Address: _____ City: _____

Please initial next to each statement to indicate you have read, understand and agree with each statement:

1. _____ I hereby certify that I do not individually receive income from any of the following sources.
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.
2. _____ I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. _____ I will be using the following sources of funds to pay for rent and other necessities.
You must list sources of funds below:

Under penalty of perjury, I certify that the information presented in this certification 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.**”

Household Member Name (Print)

Household Member Signature

Date

Head of Household Name

LAHD - VERIFICATION OF CHILD SUPPORT PAYMENTS

Verification to be completed by Agency or Provider.

1) If Court ordered, provide Child Support Court Documents.

2) Child Support print out from applicable agency: <https://childsupport.ca.gov/> or www.cdss.ca.gov

3) If no court order, have provider complete and sign form.

<p>AUTHORIZATION:</p> <p>LAHD requires verification of Child Support Income of all members of the household. This information will be used only to confirm the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated.</p>	<p>Name of Person Paying Child Support: _____</p> <p>Address of Person Paying Child Support: _____ _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____</p> <p>Support is for: <input type="checkbox"/> his <input type="checkbox"/> her child(ren).</p> <p>Name(s) of child(ren) being supported: _____ _____ _____</p> <p>Amount of support: \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p>
<p>Under penalty of perjury, I certify that the information presented in this certification 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.”</p>	
<p>RELEASE:</p> <p>I hereby authorize the release of the requested information.</p> <p>_____ Household Member Name</p> <p>_____ Household Member Signature</p> <p>_____ Date</p>	<p>_____ Print Name of Authorized Representative</p> <p>_____ Signature of Authorized Representative</p> <p>Title: _____</p> <p>Date: _____ / _____ / _____</p> <p>Telephone: (_____) _____ - _____</p>

LAHD - VERIFICATION OF RECURRING INCOME
(Verification to be completed by Person Providing Monetary Support)

<p>AUTHORIZATION:</p> <p>LAHD requires verification of any Recurring Income of all members of the household. This information will be used only to confirm the eligibility status and level of benefit of the household.</p> <p>If the household member is receiving any recurring money, complete this form. For example, if a parent who will not be living in the restricted unit provides money on a regular basis to a member of the household, the parent must provide that information and sign this form.</p> <p>Your prompt return of the requested information will be appreciated.</p>	<p>Name of Person Providing Monetary Support: _____</p> <hr/> <p>Address of Person Providing Monetary Support: _____</p> <hr/> <p>City: _____ State: _____</p> <hr/> <p>Zip Code: _____</p> <hr/> <p>\$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p>
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Under penalty of perjury, I certify that the information presented in this certification 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.”

<p>RELEASE:</p> <p>I hereby authorize the release of the requested information.</p> <hr/> <p>Household Member Name</p> <hr/> <p>Household Member Signature</p> <hr/> <p>Date</p>	<hr/> <p>Print Name of Income Provider</p> <hr/> <p>Signature of Income Provider</p> <hr/> <p>Title: _____</p> <p>Date: _____ / _____ / _____</p> <p>Telephone: (_____) _____ - _____</p>
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LAHD - RECORD OF VERIFICATION/CLARIFICATION

Use this form to verify or clarify income information such as seasonal work, overtime pay, sporadic payments, bank statements, etc.

HOUSEHOLD MEMBER INFORMATION

Name: _____ Unit #: _____

Project Address: _____ City: _____

INFORMATION VERIFIED/CLARIFIED

Item Verified/Clarified: Income Verification Bank Statements Tax Returns / W-2s Other: _____

PERSON CONTACTED

Name: _____ Company: _____

Title: _____ Email: _____

Phone: (Work) _____ (Cell) _____ (Home) _____

INFORMATION SUPPLIED:

Under penalty of perjury, I certify that the information presented in this certification 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.”

Name (Print) and Signature of Person Receiving Verification

Date

Name (Print) and Signature of Household Member

Date