**RENTAL REHABILITATION PROGRAM**

**TENANT APPLICATION**

Please answer all questions. The information is necessary to determine eligibility for the Rental Rehabilitation Program and for required statistical records.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD COMPOSITION.** Please print and complete the items below in entirety for the head of household and all household members who will reside in the unit.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **FULL NAME** | **RELATIONSHIP** | | **SEX** | **AGE** | **RACE #** | **HISPANIC** |
| 1 |  | HOUSEHOLD HEAD | |  |  |  | Yes  No |
| 2 |  |  | |  |  |  | Yes  No |
| 3 |  |  | |  |  |  | Yes  No |
| 4 |  |  | |  |  |  | Yes  No |
| 5 |  |  | |  |  |  | Yes  No |
| 6 |  |  | |  |  |  | Yes  No |
| 7 |  |  | |  |  |  | Yes  No |
| 8 |  |  | |  |  |  | Yes  No |
| (1) White  (2) American Indian or Alaskan Native  (3) American Indian or Alaskan Native AND White  (4) American Indian or Alaskan Native AND Black or African American  (5) Native Hawaiian or Other Pacific Islander | | | (6) Asian  (7) Asian AND White  (8) Black or African American  (9) Black or African American AND White  (10) Other Multi-Racial | | | | |

|  |  |
| --- | --- |
| Federal Tax Returns for all Household members 18 and over have been provided to Landlord for Income Eligibility purposes? | Yes  No |
| Under penalty of perjury, I certify that only the persons listed in the Household Composition section will occupy the unit. I certify the unit will be my principal place of residence and I will not live anywhere else. I will not sublease my residence. I hereby attest that I have reviewed the entire form and all information has been accurately reported. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement or denial of my application. | |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

|  |
| --- |
| **LANDLORD USE ONLY** |
| Federal Tax Returns Received  HUD Income Calculator Complete  Applicant’s household income is at or below  30% AMI,  50% AMI or  80% AMI.  Applicant’s household income is  above the 80% AMI. |