

OWNER OCCUPANT/TENANT INFORMATION FORM

(To be completed by tenants and owner occupant households for each rental unit)

Name: _____ Address: _____ Unit #: _____

Telephone #: _____ Email _____ Address: _____ Move-in Date: _____

Monthly Rent \$ _____ Home/Cell _____ Number of Bedrooms: _____ Utilities Included: Yes No

Household Information: (Used for reporting purposes)

Are you Hispanic? YES NO Are you 62 or older? YES NO Is yours a female-headed household? YES NO

Race: (Please check one)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other Multi-Racial |

HOUSEHOLD INCOME by Number of Persons in the Household							
Please circle the amount that is your current Household Income Range							
Number of Persons in Household							
1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$ 23,700 or less	\$27,050 or less	\$30,450 or less	\$33,800 or less	\$36,550 or less	\$39,250 or less	\$41,950 or less	\$ 44,650 or less
\$23,701 to \$47,340	\$27,051 to \$54,120	\$30,451 to \$60,900	\$33,801 to \$67,620	\$36,551 to \$73,080	\$39,251 to \$78,480	\$41,951 to \$83,880	\$44,651 to \$89,280
\$47,341 to \$63,112	\$54,121 to \$72,128	\$60,901 to \$81,144	\$67,621 to \$90,160	\$73,081 to \$97,373	\$78,481 to \$104,586	\$83,881 to \$111,798	\$89,281 to \$119,011
More than \$63,113	More than \$72,129	More than \$81,145	More than \$90,161	More than \$97,374	More than \$104,587	More than \$111,799	More than \$119,012

I (we) certify that the statements made in this form are true, complete and correct to the best of my knowledge, and are made in good faith to obtain rehabilitation assistance. I (we) further understand that any willful misstatement of material fact will be grounds for disqualification.

By submitting this form, I agree to the rehabilitation work to be done through this program in the rental unit I inhabit.

Signature

Date