



TENANT INCOME CERTIFICATION

SECTION 1: PROPERTY INFORMATION

Address of unit to be rented _____

Name/Address/Phone of Owner/Property Manager _____

Current/proposed rent being charged per month \$ _____

Cost of utilities: PG & E \$ _____, Water \$ _____, Garbage \$ _____

Other \$ _____, I don't pay utilities _____

SECTION 2: TENANT(S) INCOME INFORMATION

Name of each household member

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Address _____

Day Time Phone/Message _____

Household gross monthly income

Source of monthly income:

Salaries & Wages \$ _____

Cal Works/SSI/Welfare _____

Social Security _____

Pensions/Annuities _____

Alimony _____

Other _____

TOTAL GROSS \$ _____ X 12 = \$ _____ (annual income)

Name of Employer or Income Source _____

Address _____

Name of Employer or Income Source _____

Address _____

Name of Employer or Income Source _____

Address _____

SECTION 3: TENANT PROVIDES EVIDENCE OF INCOME

In order to determine the tenant's income eligibility the following documents are required from each adult tenant in the household that is 18 years or older.

. FAILURE TO COMPLETE AND/OR SUBMIT ITEMS A-E WILL CAUSE A DELAY IN THE CERTIFICATION OF YOUR APPLICATION

<i>Description of Evidence</i>	<i>Please check the appropriate box below</i>	
A. Copies of most current 6 months of bank statements	<input type="checkbox"/> Yes, I have attached this information.	<input type="checkbox"/> No, I do not have a checking or savings account.
B. Copies of last two years Federal income tax returns	<input type="checkbox"/> Yes, I have attached Copies of last two years Federal income tax returns	<input type="checkbox"/> No, I am not required to file Federal tax returns.
C. Copy of Social Security annual benefit statement	<input type="checkbox"/> Yes, I have attached this information.	<input type="checkbox"/> No, I do not receive this benefit.
D. Copy of SSI/SSDI annual benefit statement	<input type="checkbox"/> Yes, I have attached this information.	<input type="checkbox"/> No, I do not receive this benefit.
E. Copies of 3 months' paycheck stubs from all employers	<input type="checkbox"/> Yes, I have attached this information.	<input type="checkbox"/> No, I am not employed.

SECTION 4: ASSETS

List all of the assets owned by members of this household. Complete all of the blanks for any questions answer with a yes.

ACCOUNTS	YES	NO	ACCOUNT NUMBER	ACCOUNT VALUE	BANK/SOURCE/NAME/ADDRESS/PHONE
CHECKING ACCOUNT					
SAVINGS ACCOUNT					
MONEY MARKET ACCOUNT					
CERTIFICATE OF DEPOSIT					
TRUST ACCOUNTS					
STOCKS OR BONDS					
IRA/KEOGH					
OTHER RETIREMENT					
RENTAL PROPERTY					
OTHER REAL ESTATE					
OTHER					

HAVE YOU AND/OR ANY HOUSEHOLD MEMBERS DISPOSED OF ANY REAL PROPERTY WITHIN THE PAST THREE YEARS? YES [] NO []
 TYPE OF REAL ESTATE PROPERTY DISPOSED: _____
 VALUE OF REAL PROPERTY: \$ _____

SECTION 5: TENANT(S) CERTIFICATION AND AUTHORIZATION

I/We have provided proof of income with this application. See attached list.

I/We authorize the City of Pacific Grove to request and obtain verifications of my/our income.

I/We certify that the above information and statements are true, accurate and complete to the best of my/our knowledge and are given under the penalty of perjury under the laws of the State of California.

I/We also understand and agree to participate in any monitoring conducted by the City of Pacific Grove to determine if the occupancy and income requirements for this rental unit are being met. Monitoring will review rent increases and tenant income information.

Tenant Signature

Date

Tenant Signature

Date

THIS INFORMATION IS CONFIDENTIAL
PLEASE SUBMIT THIS INFORMATION TO THE CITY OF PACIFIC GROVE
HOUSING DIVISION, 300 FOREST AVENUE, PACIFIC GROVE, CA 93950
IF YOU HAVE ANY QUESTIONS--CONTACT THE HOUSING DIVISION AT (831) 648-3199.

This section to be completed by City personnel.

Application approved. Maximum allowable monthly rent (not including/including utilities) is \$_____. (Rent increase may be allowed after 12 months of occupancy, in accordance with HUD guidelines and State law. All rent increase must be pre-approved by the City of Pacific Grove.)

Applicant approved on a temporary basis. Applicant(s) income exceeds income limits and **must vacate the unit by** _____.

Application denied. Applicant(s) income exceeds income limits.

Other _____

Housing Program Manager

Date