

Annual Tenant Information and Income Certification

This form must be completed for every household on an ANNUAL basis

Project/Property Address _____ Date of Initial Occupancy: _____

Unit No.: Accessible/mobility: Yes No Accessible/sight-hearing: Yes No

Information on this form is required in order to ensure compliance with all applicable funding requirements. The City of Austin, Austin Housing Finance Corporation and/or the U. S. Department of Housing and Urban Development (HUD) reserves the right to request third party documentation to verify any and all information provided.

Name of Head of Household: _____

Rental Assistance: Yes No **If yes, please select rental assistance type below:**
 Section 8 TBRA Other (Project-Based Sec 8, VA Asst, Etc.) _____

Number of Persons in Household: Number of Bedrooms:

Number of Dependents under age 18: Ages:

Monthly Housing Costs: Rent: + Utilities: = Month

Total amount of rent paid by tenant: Month

Gross Yearly Household Income (include all persons over age 18): ÷ 12 = Month

Circle the MFI % for this household: <30% 31-50% 51-60% 61-80%

Calculate % of Housing Costs to Income: No. 9 ÷ No. 10 = %

Ethnicity (of Head of Household)
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Not Hispanic or Latino

Race/Multi-Race Category (of Head of Household)
<input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native & white
<input type="checkbox"/> Asian & White
<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Other Multi-Racial

Type of Household (Head of Household)
<input type="checkbox"/> Single, Non-Elderly
<input type="checkbox"/> Elderly, 62 years +
<input type="checkbox"/> Related/Single Parents
<input type="checkbox"/> Related/Two Parents
<input type="checkbox"/> Other
<input type="checkbox"/> Vacant
<input type="checkbox"/> Disability (Head of Household)
<input type="checkbox"/> Female (Head of Household)

I (print tenant's name), _____ certify that the yearly household income and other information indicated above is true and correct.

Tenant's Signature: _____

Date: _____