

Initial Tenant Information and Income Certification (TIC)

The City of Austin's Housing and Planning Dept (HPD) must obtain a TIC form for every household required by the Loan's Performance when the rental unit is **INITIALLY** occupied; do not submit if re-leasing a previously occupied unit. TIC reporting forms are due on or before the 10th of each month for units initially occupied in the previous month.

Unit No.: _____ Project Name: _____ Date of Initial Occupancy: _____

Property Address: _____ Loan's Performance: _____ Loan's Median Family Income (MFI) Restrictions:
 ≤ 0-30% ≤ 0-40% ≤ 0-50% ≤ 0-60% Other Market/No Restrictions

Loan's Accessible Unit Requirements: Number of Mobility Disabilities Units Number of Hearing and Vision Units

Is this unit mobility accessible? Yes No Is this unit sight-hearing accessible? Yes No

Information requested in this form is required in order to ensure compliance with all applicable funding requirements. The City of Austin, HPD, 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: _____ Number of Persons in 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 Dependents under age 18: List All Ages: _____ Number of Bedrooms: _____

Monthly Housing Costs: Rent: Minus Tenant-Paid Utility Allowance: = Monthly Amount Paid by Tenant

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

Please select the MFI % for this household based on Number of Persons in HH and the Gross Yearly HH Income using HUD's most current income limits chart.

0 – 30% MFI 31 – 50% MFI 51 – 60% MFI 61 – 80% MFI No Restrictions

Calculate % of Housing Costs to Income: Monthly Amount Paid by Tenant ÷ Gross Annual Income = %

Continuum of Care (CoC) Units house households experiencing homelessness receiving services from community-based agencies who provide housing interventions that provide both rental assistance and services. A Continuum of Care Unit can only be filled by the Ending Community Homelessness Coalition (ECHO), who will refer households experiencing homelessness, taken off a central list, called Coordinated Assessment. Referred households will have wrap around supports and rental assistance from either a Rapid Rehousing or **Permanent Supportive Housing (PSH)** program funded by a variety of federal and local funds. A Memorandum of Understanding (MOU), executed between ECHO and the Property Owner, will outline the specifics of referrals and screening of these units.

Loan's Continuum of Care (CoC/PSH) Unit Requirements: Is this unit a CoC/PSH Unit? Yes No

If unit is designated as CoC, list referring organization name(s): _____

1. Ethnicity: Head of Household; Check One
 Hispanic or Latino
 Not Hispanic or Latino

3. Type of Household: Head of Household Only
 Veteran
 Elderly, 62 years +
 Disability
 Female Head of Household
FHOH = Single Mother

2. Race: Head of Household; Check One Box Only

<input type="checkbox"/> White	<input type="checkbox"/> American Indian_Alaskan Native And White
<input type="checkbox"/> White_Hispanic	<input type="checkbox"/> American Indian_Alaskan Native And White_Hispanic
<input type="checkbox"/> Black_African American	<input type="checkbox"/> Asian And White
<input type="checkbox"/> Black_African American_Hispanic	<input type="checkbox"/> Asian And White_Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> Black_African American And White
<input type="checkbox"/> Asian_Hispanic	<input type="checkbox"/> Black_African American And White_Hispanic
<input type="checkbox"/> American Indian_Alaskan Native	<input type="checkbox"/> American Indian_Alaskan Native And Black_African American
<input type="checkbox"/> American Indian_Alaskan Native_Hispanic	<input type="checkbox"/> Amer Indian_Alaskan Native And Black_African American_Hispanic
<input type="checkbox"/> Native Hawaiian_Other Pacific Islander	<input type="checkbox"/> Other Multi-Racial
<input type="checkbox"/> Native Hawaiian_Other Pacific Islander_Hispanic	<input type="checkbox"/> Other Multi-Racial_Hispanic

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

 Tenant's Signature: _____ Date: _____