

Household Composition

Project Name: _____ Resident Unit No.: _____ Bedroom Size: _____

Move-in Certification Annual Recertification Effective Date: _____ Move-in Date: _____

Head of Household and Household Members	Birth Date	Social Security No.	Relation to Head of Household	Source(s) of Income (include Asset Income*)	Gross Annual Income
1)			Head of Household		\$
2)					\$
3)					\$
4)					\$
5)					\$
6)					\$
7)					\$
8)					\$
Use additional forms if needed. Provide income and asset income verification.					Total Gross Annual Income: \$

***Asset Income:** Enter the greater of (1) Annual income from asset(s) or (2) if the total asset(s) exceed \$5,000.00 multiply the cash value of asset(s) by 2%. *Note: Asset Income from minors must be included.*

Race/Ethnicity: This information is for statistical purposes only and not a basis for tenant selection (please mark one only)

<input type="checkbox"/> American Indian & Black (AI&BA)	<input type="checkbox"/> Black/African American & White (BA&W)
<input type="checkbox"/> American Indian & White (AI&W)	<input type="checkbox"/> Hawaiian/Other Pacific Islander (HWPI)
<input type="checkbox"/> American Indian/Alaska Native (AIAN)	<input type="checkbox"/> Hispanic/Latino (HL)
<input type="checkbox"/> Asian (AS)	<input type="checkbox"/> Other Multi-Racial (OMR)
<input type="checkbox"/> Asian & White (AS&W)	<input type="checkbox"/> White Non-Hispanic/Latino (WNHL)
<input type="checkbox"/> Black/African American (BA)	

Resident Certification and Release of Information

I hereby certify that the above household information is true and correct. I authorize the Sacramento Housing and Redevelopment Agency (SHRA), to obtain information about me and my household to determine my eligibility for participation in the SHRA rental housing program.

_____	_____	_____
Signature of Head of Household	Print Name	Date
_____	_____	_____
Signature of Other Adult	Print Name	Date
_____	_____	_____
Signature of Other Adult	Print Name	Date
_____	_____	_____
Signature of Other Adult	Print Name	Date

For Owner/Management Use Only

Based on the representations herein and upon the proof and documentation required to be submitted, the individual(s) named above of this Household Composition is/are eligible under the SHRA rental housing program regulatory requirements to live in a unit at this Project.

_____	_____	_____
Signature of Owner/Management	Print Name	Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

