

Determination of Eligibility

For Owner/Management Use Only		
Project Name: _____ Resident Unit No.: _____		
Head of Household Name: _____		
I. Income Eligibility and Rent	Amount	
Total Annual Household Income from all sources	\$ _____	
Gross Monthly Rent Amount (tenant rent + utility allowance, if applicable = gross rent)	\$ _____	
Rent Subsidy (if applicable)	\$ _____	
Net Rent Amount (gross rent - utility allowance - rent subsidy = net rent)	\$ _____	
II. Program Qualification (mark one box):		
<input type="checkbox"/> Very Very-Low (0 – 30%) <input type="checkbox"/> Very-Low (31 – 50%) <input type="checkbox"/> Low (51 – 80%) <input type="checkbox"/> Moderate Income (81 – 120%)		
III. Sources of Income/Method(s) of Verification (mark all that apply):		
<input type="checkbox"/> AFDC/TANF (AT)	<input type="checkbox"/> Independent Contractor (IC)	<input type="checkbox"/> State Disability Insurance (SDI)
<input type="checkbox"/> Alimony (AL)	<input type="checkbox"/> No Income Certification (NIC)	<input type="checkbox"/> Self-Employment (Tax Exempt) (SETE)
<input type="checkbox"/> Asset(s) (AS)	<input type="checkbox"/> Own Business (OB)	<input type="checkbox"/> Student Financial Assistance (SFA)
<input type="checkbox"/> Child Support (CS)	<input type="checkbox"/> Other Non-wage Income (ONI)	<input type="checkbox"/> Social Security Benefits (SS)
<input type="checkbox"/> CalWORKS (CW)	<input type="checkbox"/> Other Public Assistance (OPA)	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Employment (EMP)	<input type="checkbox"/> Pension/Retirement (PR)	<input type="checkbox"/> Unemployment Benefits (UB)
<input type="checkbox"/> General Aide (GA)	<input type="checkbox"/> Recurring Gift (RG)	<input type="checkbox"/> Veterans Benefits (VB)
IV. Owner/Management Certification:		
<p>I hereby verify that the information recorded on this document is accurate and in accordance with the income verification provisions of the Sacramento Housing and Redevelopment Agency’s regulatory program requirements. All information herein has been recorded according to the program requirements and placed in the tenant files onsite.</p>		
_____	_____	_____
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.

