



RENTER INFORMATION FORM

ADDRESS _____ UNIT NO. _____

RENTER'S NAME _____ NO.OF BEDROOMS _____

MONTHLY RENT \$ _____ SECTION 8? YES NO

Utilities Included in Rent: Gas Electricity Water Garbage Other _____

Type of Cooking Range: Gas Electric

Type of Heating: Gas Electric Wall Heater Central Heating

Type of Water Heater Gas Electric

List Names of all Regular Residents living in your unit, Including Head of Household, use additional paper if necessary.

NAME	GROSS INCOME	AGE	GENDER	RELATION TO HEAD OF HOUSE
_____	_____/_____/_____	_____/_____	_____/_____	_____
_____	_____/_____/_____	_____/_____	_____/_____	_____
_____	_____/_____/_____	_____/_____	_____/_____	_____
_____	_____/_____/_____	_____/_____	_____/_____	_____
_____	_____/_____/_____	_____/_____	_____/_____	_____

ETHNICITY: For Statistical Purposes Only (Optional) Check One

WHITE BLACK ASIAN / PACIFIC ISLANDER HISPANIC AMERICAN INDIAN / ALASKA NATIVE

Lead Based Paint Hazard: I hereby acknowledge receipt of a copy of **“Protect Your Family From Lead In Your Home”**

If any of the regular residents of the Unit are under the age of seven, does the child have an identified Elevated Blood Level (EBL) condition? Yes No

I am supplying the above information as requested by the Owner of the home I rent. I understand that this will be used to determine the eligibility of my rented home for financing rehabilitation and I affirm that the above information is true and correct. I understand that this information will be submitted to the Rental Rehabilitation Program, Housing Authority of the County of Contra Costa, and will be held in confidence.

Renter's Signature

Phone Number

Date





CERTIFICATION OF HOUSEHOLD INCOME

Household Name: _____

Address: _____

1. As the applicant of a dwelling unit at the address above, I certify that the anticipated total monthly income for all members of my Household is shown below, including:
 - (a) The full amount, before deductions, of wages, salaries, overtime, commissions, fees, tips, bonuses and other compensation for personal services; unemployment, disability, and worker's compensation; severance pay and earned income tax credit. \$ _____
 - (b) Net income from a business or profession or from real or personal property, without deduction for business expansion, capital indebtedness or depreciation. \$ _____
 - (c) Interest and dividends from investments of every kind. \$ _____
 - (d) Payments from alimony, annuities, pensions, retirement, insurance, disability, child support, social security and regular contributions from persons not living in the unit. \$ _____
 - (e) The maximum amount of public assistance available to my household. \$ _____
 - (e) All pay and allowances of head of household or spouse who is a member of the armed Forces. \$ _____
2. Neither I, nor any other member of my Household is the owner of the address above.
3. I make this certification with knowledge that it will be relied upon by the Owner and the Housing Authority of the County of Contra Costa to determine my eligibility for rental of the address above, and I hereby swear under penalty of perjury that all information here including my estimation of income is true and complete.
4. I have been advised that any misrepresentation in this certification is a material breach of (my/our) lease agreement and, entitles that Owner to prevent or terminate occupancy by my entire Household.

Note: The following are not considered income: irregular gifts; reimbursement of medical expense; inheritances, insurance payments, capital gains, settlement for personal or property losses, educational scholarships, coupons issued under the Food Stamp Act.

I certify that the above information is true and correct to the best of my knowledge and is provided to show compliance with laws of the Federal Government of the United States of America. I understand this information will be held in confidence by the Housing Authority of the County of Contra Costa.

Tenant Signature Date Phone Number

Tenant Signature Date Phone Number

