PART I. GENERAL INFORMATION

This form is to be completed by the management staff/owner agent responsible for completing the income certification.

Property Name: _____ Unit #: _____

Household Name: _____ Unit Designated for: _____

Certification Type: ☐ Move In/Initial Certification ☐ Recertification of income

Directions: Every source of income/asset listed on the REA must have a corresponding form including supporting documentation. If multiple adults are present in a household, order the REA by the cover page first, and then pages 1-4 for each adult in order of household member number. Items checked must be kept with Certification.

PART II. MANDATORY FORMS

☐ Rental Eligibility Application (REA)   OR   ☐ Streamlined Certification (Fixed income only yr 3+)

☐ Authorization to Release Information

PART III. INCOME FORMS

☐ Employment Verification	☐ Unemployment Benefits Verification
☐ Income Clarification	☐ Military Pay Verification
☐ Self Employment Worksheet	☐ Pension Verification
☐ Non-Employment Affidavit	☐ Annuity, Stock Verification, Unearned Income
☐ Social Security Verification	☐ Gift Affidavit
☐ Child Support Affidavit	☐ Student Certification
☐ Public Assistance Verification	☐ Real Estate Income Worksheet

PART IV. ASSET FORMS

☐ Checking/Savings Statements	☐ Asset Disposal Explanation
☐ Annuity Stock, 401k Held Verification	☐ Life Insurance Verification
☐ Real Estate Evaluation Form	☐ All Remaining Tenant Provided Statements

PART V. MISCELLANEOUS FORMS

☐ Estrangement Certification	☐ Verification of Subsidy
☐ Homeless Certification	☐ HOME Rider
☐ Disability Certification	☐ VAWA Rider
☐ Veteran Certification	☐ Pregnancy Self-Certification

PART VI. MANDATORY FORMS

To be completed after the REA is processed and third party verification completed as final step. Signed by tenant upon lease signing or renewal. Assemble materials in order from top to bottom, **taking final part VI and placing on top of packet for file review**.

☐ Household Eligibility Certification (HEC) (Placed on top of/first in file or under checklist [if used])

☐ Household Demographic Form   ☐ City Lease Rider

X

_____ _____ _____
Name of Staff Completing Packet *Signature of Staff Completing Packet* *Date*