HOUSING REHAB
TENANT INCOME CERTIFICATION

Tenant Name:_____

Address: _____ Unit #_____

Property Owner Name:_____

1. Apartment Information:

   a. Number of Bedrooms: _____

   b. Monthly Rent: $_____ or Weekly Rent $_____.

   c. Includes: Heat? Yes ___ No* ____ ***If not** included estimated payment $_____.
   Includes: Electricity? Yes ___ No* ____ ***If not** included estimated payment $_____.

2. Indicate in the chart below if total Household Income is over or under for your total Household Members.

HUD INCOME GUIDELINES 2010- Effective May 24, 2010 Median Family Income $91,800

Total Members in Household	1 Person	2 People	3 People	4 People	5 People	6 People
Total Household Income	$45,100.00	$51,550.00	$58,000.00	$64,400.00	$69,600.00	$74,750.00
	Over _____ Under _____	Over _____ Under _____	Over _____ Under _____	Over _____ Under _____	Over _____ Under _____	Over _____ Under _____

Ethnicity:
___ Hispanic or Latino

Race:
___ White
___ Black/African American
___ Asian
___ American Indian/Alaskan Native
___ Native Hawaiian/Other Pacific Islander
___ Am. Indian/Alaskan Native & White
___ Asian & White
___ Black /African Am. & White
___ Am. Indian/Alaskan & Bl/African Am.
___ Other multi-racial

Sex: ___ Female ___ Male

Female Head of Household: ____

4. Check items which apply **only** to the Head of the Household:

Over 62 ____ Female Head of Household____ Handicapped___

CERTIFICATION

The applicant's certifies that all information in this application is true to the best of his/her knowledge and belief and no information has been excluded which might reasonably affect a judgment regarding the applicant's eligibility. Signing this application will give the Gloucester Community Development Grants Division the right to obtain verification from any source herein.

I certify that the information that I have provided on this form is true and accurate to the best of my knowledge.

_____ _____

Signature Date

(HR\forms\HR tenant income 2010 rev. 6/16/10)