

CITY OF GLENDALE
COMMUNITY REDEVELOPMENT AND HOUSING
TENANT INCOME CERTIFICATION

The information provided is confidential and will only be released with your written permission.

Name of Head of Household: _____
 Current Address: _____
 Home Phone: _____ Alternate Phone: _____
 # of Bedrooms in this unit: _____ Date you moved into this unit: _____

Total amount of utilities you pay monthly:	Electric	Gas	Water	Trash & Sewer
	\$ _____	\$ _____	\$ _____	\$ _____

Ethnicity of Head of Household: <i>(select one)</i>		Race of Head of Household: <i>(select one or more)</i>		
<input type="checkbox"/> White/Non-Hispanic or Latino	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	

Number of people living in this unit: _____ **Current Monthly Rent:** \$ _____

List **ALL** persons living in this household across the top of the chart and fill in income and asset information in the boxes below the name. If the income source or asset type does not apply to you or your household member, please put N/A in the box.

HOUSEHOLD INFORMATION

	#1	#2	#3	#4
First & Last Name				
Age				
Relationship to Head of Household	Head of Household			
Is this person a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

EARNED INCOME INFORMATION

	#1	#2	#3	#4
Name of Employer				
Pay Frequency <i>select only one</i>	<input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly	<input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly
Gross Income Per Pay Period	\$ _____	\$ _____	\$ _____	\$ _____
Hourly Wage	\$ _____	\$ _____	\$ _____	\$ _____
Number of hours worked per week				

UNEARNED INCOME INFORMATION

	#1	#2	#3	#4
CalWORK's (TANF)	\$ _____	\$ _____	\$ _____	\$ _____
General Relief	\$ _____	\$ _____	\$ _____	\$ _____
Supplemental Social Security Income (SSI/SSP)	\$ _____	\$ _____	\$ _____	\$ _____
Social Security Benefits <i>(Retirement, Disability, Dependents, and Survivors)</i>	\$ _____	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____	\$ _____
State Disability Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment Insurance Benefits	\$ _____	\$ _____	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	\$ _____
Cash Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____	\$ _____	\$ _____

ASSET INFORMATION								
	#1		#2		#3		#4	
Checking (current balance)	\$		\$		\$		\$	
Savings (current balance)	\$		\$		\$		\$	
Money Market (current balance)	\$		\$		\$		\$	
Market value of stocks	\$		\$		\$		\$	
Market value of bonds	\$		\$		\$		\$	
Market value of CD	\$		\$		\$		\$	
Market value of IRA	\$		\$		\$		\$	
Cash value of Treasury Bills	\$		\$		\$		\$	
Cash value of Trust Fund	\$		\$		\$		\$	
Cash value of Life Insurance	\$		\$		\$		\$	
TOTAL ASSETS	\$		\$		\$		\$	
Does this person own a home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						

If you have more than 4 household members please complete their information on another Tenant Income Certification form in addition to this form.

This form must be signed by ALL adult household members.

Adult household members are those who are 18 years or older.

The above information is true and accurate to the best of my knowledge. I agree to provide source income documents to the City of Glendale upon request.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States. Penalties of this Section include a \$10,000 fine and/or five (5) years imprisonment.

Signature of Head of Household

Date

Signature of Adult Household Member

Date

Signature of Adult Household Member

Date

Signature of Adult Household Member

Date