

**Tenant Information Form (TIF)  
HOME Program**

Your landlord has applied for a Department of City Development (DCD) loan to improve this property. DCD needs information about your household and asks that the head of the household fill out this form. Please complete the entire form.

Tenant's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Property Address \_\_\_\_\_

**TENANT INFORMATION**

NAME	SEX	AGE	Handicapped Yes or No	RELATIONSHIP	Head of Household Only: Are you Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No:	
					Are you:	
					<input type="checkbox"/> White	<input type="checkbox"/> Black
					<input type="checkbox"/> White & Black/African American	<input type="checkbox"/> Black/African American & American Indian/Alaska Native
					<input type="checkbox"/> White & American Indian/Alaska Native	<input type="checkbox"/> Asian
					<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
					<input type="checkbox"/> White & Asian	<input type="checkbox"/> Other Multi Racial

**RENTAL INFORMATION**

What is your current rent per month? \$ \_\_\_\_\_

Please check any utilities included in the rent:  
 Heat  Electric  Hot Water  Water/Sewer

Are you currently receiving rent assistance?  Yes  No

In order for your landlord to continue this application, we need to confirm that your income is not greater than our 60% AMI income limits as follows: (effective 04/01/2024)

1 person	\$42,900	4 persons	\$61,260
2 persons	\$49,020	5 persons	\$66,180
3 persons	\$55,140	6 persons	\$71,100

**PROPERTY INFORMATION**

Number of bedrooms in your unit: \_\_\_\_\_

**This form is not valid for the NSP (foreclosure) program.**

**INCOME INFORMATION**

What is your approximate yearly income? \$ \_\_\_\_\_

(This information is required by the Rental Rehab Program.)

Please list all monthly income and provide copies with this form (see list in right column)

- |                             |                       |
|-----------------------------|-----------------------|
| _____ Wages                 | _____ Social Security |
| _____ Social Security       | _____ SSI             |
| _____ Gen. Assistance       | _____ Pension         |
| _____ Alimony/child support | _____ Other           |

**In addition, attached to this completed form, please provide documentation for the types of income that your household receives. For example, if your only source of income is wages, you need to provide two months of recent and consecutive paycheck stubs.**

For The Following Type Of Income:	Please provide:
Your household wages and salaries	Copy of a wage statement or two months of recent paycheck stubs.
Social Security or other periodic payments	Copy of a Social Security benefit statement
Unemployment Compensation	Copy of an Unemployment Compensation wage statement
Workman's Compensation	Copy of a Workman's Compensation wage statement
W-2 payments	Copy of a W-2 wage statement
Net income from operation of a business	Copy of recent tax return

I certify that my current family size and income level is accurately reported above. Reportable income includes wages, social security, pension, child support, rental income and taxable interest income. I certify that this information is true.

I understand that this information is provided as part of a loan application submitted by my landlord for Rental Rehabilitation Loan funds and that there is no obligation on the part of THE CITY OF MILWAUKEE to either make the loan or to certify the tenant's eligibility for Rental Assistance.

Please note that you must sign **BOTH** sides of this form.

Tenant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Income information is valid for six months. Thank you for providing this information. If you have any questions, please feel free to contact us at 286-5608.

# Notice of Available Relocation Services (NARS) HOME Program

Dear Tenant:

I (your landlord) have applied for a rehabilitation loan through the Neighborhood Improvement Development Corporation. At this point, nothing has been decided; however, some rehabilitation jobs funded by THE CITY OF MILWAUKEE involve rehabilitation work so extensive as to make some rental units temporarily uninhabitable. This is rare, but in the unlikely event that this would occur to your unit, I (your landlord) may require you to move, either permanently or temporarily. Should this be necessary, I (your landlord) will notify you of any such action well in advance. The purpose of this notice is to inform you of your rights should this occur.

1. If you are required to move (even temporarily) you may be entitled to certain benefits, but you must still be an eligible tenant to qualify for any benefits. Therefore, you are advised not to move from the property before you are given official notice. You are also advised to continue to pay rent and uphold any other requirements of your tenancy, such as those described in your lease agreement, if you have one.

2. Should you have any questions, you may contact:  
Department of City Development  
809 North Broadway  
Milwaukee, Wisconsin 53202  
(414) 286-5608

**This is my (your landlord) certification to you that I will offer you the opportunity to lease and occupy a suitable, decent, safe and sanitary dwelling in the same building/complex upon completion of the project under reasonable terms and conditions.**

Such reasonable terms and conditions include a term of at least one year, beginning on the date of completion of the rehab job, at a monthly rent and estimated average utility costs that do not exceed the greater of:

1. Your current monthly rent and estimated average monthly utility costs; or
2. The total tenant payment, as determined under 24 CFR 813:107 if you are low-income, or 30% of gross household income, if you are not low-income.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**I have received a copy of this notice.** Please note that you must sign BOTH sides of this form.

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Date

Property Owner must provide each tenant with a completed copy of this form and return the original signed form to:  
**THE CITY OF MILWAUKEE Rehabilitation Program(s)**  
**P.O. Box 511730 Milwaukee, WI 53203-0291**

## Owner's Certification Regarding Tenant Affordability of Home Assisted Units

I have reviewed the HOME Rent Limit chart and the Median Income Figures chart provided by Neighborhood Improvement Development Corporation (found on the "How to Speed Up Your Application" sheet) and hereby certify that in all of my HOME assisted units:

- 1) All rents adjusted for utilities are within the 65% rent limit.
- 2) If I have a total of 5 or more HOME assisted units in my HOME Rental Rehabilitation Program projects, 20% of the HOME assisted units have rents which are within the 50% rent limit, as adjusted for utilities.
- 3) I have examined the income of the tenants and they are all below 60% of median income.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date



Funded through the City of Milwaukee  
Community Block Grant Administration

The City of Milwaukee, Department of City Development  
is an equal housing lender