

**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

PROPERTY INFORMATION

Number of bedrooms in your unit: _____

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 |

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 _____

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 06/01/2020)

1 person	\$35,300	4 persons	\$52,400
2 persons	\$40,300	5 persons	\$61,360
3 persons	\$45,300	6 persons	\$70,320

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

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

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.

