



ANNUAL TENANT INFORMATION SUMMARY SHEET

Year:

	RENT-UP
	RECERT

Property Address:

EHIP File#

HUD #

PROPERTY OWNER:

TOTAL # OF UNITS IN BLDG: **Total # Assisted:** (FIXED or FLOATING)

For office use only

Apt #	Tenant Name	# Bedrms	# In Household (HH)	* RACE	Hispanic	Disabled	Female Head of HH	Monthly Contract Rent (a)	Utility Allowance (b)	Total Gross Rent (a+b)	Date of Lease Renewal	Tenant's Annual Gross Income	Rental Assistance Y / N	EHIP Approval Date	Low or Moderate Income %	In Compliance?	Comment
					Y / N	Y / N	Y / N				/ /		Y / N	/ /	%	Y / N	
					Y / N	Y / N	Y / N				/ /		Y / N	/ /	%	Y / N	
					Y / N	Y / N	Y / N				/ /		Y / N	/ /	%	Y / N	
					Y / N	Y / N	Y / N				/ /		Y / N	/ /	%	Y / N	
					Y / N	Y / N	Y / N				/ /		Y / N	/ /	%	Y / N	
					Y / N	Y / N	Y / N				/ /		Y / N	/ /	%	Y / N	
					Y / N	Y / N	Y / N				/ /		Y / N	/ /	%	Y / N	
					Y / N	Y / N	Y / N				/ /		Y / N	/ /	%	Y / N	
					Y / N	Y / N	Y / N				/ /		Y / N	/ /	%	Y / N	
					Y / N	Y / N	Y / N				/ /		Y / N	/ /	%	Y / N	
					Y / N	Y / N	Y / N				/ /		Y / N	/ /	%	Y / N	
					Y / N	Y / N	Y / N				/ /		Y / N	/ /	%	Y / N	

*Race = 11 (White); 12 (Black/African American); 13 (Asian); 14 (American Indian/Alaskan Native); 15 (Native Hawaiian/Other Pacific Islander); 16 (American Indian/Alaskan Native & White); 17 (Asian & White); 18 (Black/African American & White); 19 (American Indian/Alaskan Native & Black African American); 20 (Other Multi-Racial); 21 (Asian/Pacific Islander).

I certify that the above information is true and correct to the best of my knowledge. I understand that the Department of Housing and Urban Development (HUD) requires the City of Elizabeth to obtain and review the above information periodically as a requirement of the HOME Program - which provided funds for improvements made to this property. I also understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. Government.

Prepared By: Title: Date:

FOR OFFICE USE ONLY:

Total Number of Units in Building

Total Number of HOME Assisted Units

20% of the HOME Assisted units equals *(If project has 5 or more HOME assisted units at least 20% of these units must be occupied by households at or below 50% of median income)*

Total Number of RCA Assisted Units *(At least 50% of the RCA assisted units must be occupied by households at or below 50% of median income)*

Number of units occupied by families at or below 50% of median income Please list unit numbers: _____

Based upon the above:

The appropriate # of assisted units **ARE** **ARE NOT** occupied by families with annual incomes at or below 50% of median income

Prepared By: _____ Title: _____ Date: _____

Based upon information summarized on this form and upon review of source documentation submitted, tenants residing in this project are:

IN COMPLIANCE **NOT IN COMPLIANCE** with the HUD/COAH/EHIP rules and regulations relative to tenent income and occupancy.

Determined By: _____ Title: _____ Date: _____

Approved By: _____ Title: Executive Assistant Director, Plan. & Com. Dev. Date: _____