

2020 Tenant Income Certification (TIC)

Part 1: Tenant Information		
Tenant Name (Full):	Home Phone:	Date of Birth: Race: _____
Address:	City:	Zip:
Form Preparer:		Phone

Part 2: Household			
	Last Name	First Name	Relationship to Tenant
1			
2			
3			
4			
5			

Part 3A: Caregiver		
<i>Caregiver (Y/N): Complete if Y</i>		
Company Name:	Contact Name:	
Address:	City:	Zip:
Phone (Home/Office):	Phone (Cell):	E-mail:

Part 3B: Payee		
<i>Payee (Y/N): Complete if Y</i>		
Company Name:	Contact Name:	
Address:	City:	Zip:
Phone (Home/Office):	Phone (Cell):	E-mail:

Part 3C: Guardian		
<i>Guardian(Y/N): Complete if Y.</i>		
Company Name:	Contact Name:	
Address:	City:	Zip:
Phone (Home/Office):	Phone (Cell):	E-mail:

Part 3D: Other Support		
<i>Complete for All Tenants.</i>		
DDA Caseworker Name/Title:		
Phone (Office):	Phone (Cell):	E-mail:
Emergency Contact Name:		
Address:	City:	Zip:
Phone:	Phone (Cell):	E-mail:

Part 4A: Income				
	(A) Employment/Wages	(B) Social Security	(C) Public Assistance	(D) Other Income
Totals:	\$	\$	\$	\$
Enter totals of columns (A) through (D), above			Total:	\$

Part 4B: Assets			
	(F) Type of Asset	(G) Cash Value of Asset	(H) Income from Asset
	Totals:	\$	\$
Enter total of column (H), above		Total:	\$

Generally Accepted Sources of Income/Asset Verification Documents include:

- Ninety (90) Consecutive Days of Most Recent Pay Stubs plus Prior Year W-2s
- Current Year Social Security Benefit Award Letters (SS, SSA, SSI, SSDI, etc.)
- Other Benefit Documentation (Disability, Death, VA, Other Military Benefits, etc.)
- Public Assistance Award Letters (*DO NOT include food stamps*)
- Student Financial Assistance Award Letters (*DO NOT include loans*)
- Most Recent Bank Statements, all pages (*Checking, Savings, CD/Money Market, etc.*)
- Current Pension, Retirement, Trust Fund, Life Insurance, Real Estate Closing, Stock/Bond Documents, and Other Asset documents
- Current Year Section 8 Rent Change/Lease Renewal Documents

Release of Information & Certification

Release of Information: Tenant and/or Guardian (if applicable) hereby 1) authorize Parkview Services and/or its agents (Landlord) to request and obtain information related to income certification, program eligibility and/or tenancy with Landlord; 2) authorize Landlord to share copies of this release and any and all financial and social information for the purpose of tenant income certification, program eligibility and/or tenancy; 3) understand that Landlord may make inquiries from any sources provided to Landlord and any and all other relevant sources; and 4) understand that this consent continues indefinitely throughout tenancy with Landlord.

Certification: Under penalties of perjury, Tenant and/or Guardian (if applicable) hereby 1) certify that the information presented in this Tenant Income Certification is true and accurate to the best of tenant's and/or guardian's knowledge and belief; 2) understand that providing false representations herein constitutes an act of fraud; 3) understand that false, misleading or incomplete information may result in the termination of a lease agreement with Landlord.

Tenant Signature:

Date:

Tenant Name:

Guardian Signature (*if applicable*):

Date:

Guardian Name:

**2020 Tenant Income Certification (TIC)
Instructions**

Part 1: Tenant Information

- Tenant Name (Full): First, Middle, Last
- Home Phone: House phone number
- Date of Birth: MM/DD/YYYY
- Race: This Information is not required.
- Address, City, Zip: Home street number and name, city and zip code
- Form Preparer: Name of person completing form
- Phone: Phone number of person completing form

Photo ID Card: Enclose copy of current tenant's photo ID card

Part 2: Household Members

- First and last names of all tenant's household members:
- Relationship to tenant (Use following definitions):
 - Co-Tenant: Adult housemate
 - Spouse: Husband/Wife
 - Child: Family member under 18
 - Family: Other adult family member
 - Live-in: Live-in aide/caretaker
 - Other: Write-in relationship

Part 3A: Caregiver

Caregiver (Y/N): Complete if Y

- Company Name: Name of caregiver's organization/company (*if applicable*)
- Contact Name: Primary caregiver contact person's first & last name
- Address, City, Zip: Caregiver's street number and name, city and zip code
- Phone (Home/Office): Caregiver's home or office phone number
- Phone (Cell): Primary caregiver contact person's cell phone number
- E-mail: Primary caregiver contact person's e-mail address

Part 3B: Payee

Payee (Y/N): Complete if Y

- Company Name: Name of payee's organization/company (*if applicable*)
- Contact Name: Primary payee contact person's first & last name
- Address, City, Zip: Payee's street number and name, city and zip code
- Phone (Home/Office): Payee's home or office phone number
- Phone (Cell): Primary payee contact person's cell phone number
- E-mail: Primary payee contact person's e-mail address

Part 3C: Guardian

Guardian (Y/N): Complete if Y

- Company Name: Name of guardian's organization/company (*if applicable*)
- Contact Name: Primary guardian contact person's first & last name
- Address, City, Zip: Guardian's street number and name, city and zip code
- Phone (Home/Office): Guardian's home or office phone number
- Phone (Cell): Primary guardian contact person's cell phone number
- E-mail: Primary guardian contact person's e-mail address

Part 3D: Other Support

Complete for All Tenants

- DDA Caseworker Name/Title: Tenant's DDA Caseworker's first & last name and title
- Phone (Office): Caseworker's office phone number (*include extension if applicable*)
- Phone (Cell): Caseworker's cell phone number
- E-mail: DDA Caseworker's e-mail address
- Emergency Contact Name: Emergency contact person's first & last name
- Address, City, Zip: Emergency contact person's street number and name, city and zip code
- Phone: Emergency contact person's home or office phone number
- Phone (Cell): Emergency contact person's cell phone number
- E-mail: Emergency contact person's e-mail address

Part 4A: Income

- Enter amounts of all monthly gross income in columns A-D
- Enter totals for each column in column Totals
- Enter total of columns A-D in Total

Income Sources include:

- Social Security: SS, SSA, SSI, SSDI, etc.
- Public Assistance: State Public Assistance (*Not including Food Stamps*)
- Other Income: Disability, Death, VA, Other Military Benefits, etc., Student Aide (*Not including Loans*)

Part 4B: Assets

- Enter types of assets in column F
- Enter Cash Value of Asset in column G
- Enter Income from Asset in column H
- Enter totals for columns G and H in Totals
- Enter total of column H in Total

Asset Sources include:

- Checking and savings accounts, CD/Money Market accounts, etc.
- Pensions, Retirement accounts, Trust Funds, Whole Life Insurance policies, Real Estate, Stocks/Bonds, etc.

Verification Documents: Enclose verification documents for all income/assets listed in Part 4A and Part 4B, and all other applicable documents listed on Page 2. For example, Section 8 Rent Change/Lease Renewal Documents.

Release of Information & Certification

- Tenant: Sign, Date and Print Name
- Guardian: Sign, Date and Print Name (*if applicable*)