# 2020 Tenant Income Certification (TIC)

## Part 1: Tenant Information

<table>
<thead>
<tr>
<th>Tenant Name (Full):</th>
<th>Home Phone:</th>
<th>Date of Birth:</th>
<th>Race: ___________</th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Address:</td>
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<tr>
<td>Form Preparer:</td>
<td>Phone</td>
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</tbody>
</table>

## Part 2: Household

<table>
<thead>
<tr>
<th></th>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to Tenant</th>
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</thead>
<tbody>
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<td>5</td>
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</tbody>
</table>

## Part 3A: Caregiver

**Caregiver (Y/N): Complete if Y**

- Company Name: 
- Contact Name: 
- Address: 
- Phone (Home/Office): 
- Phone (Cell): 
- E-mail: 

**Part 3B: Payee**

**Payee (Y/N): Complete if Y**

- Company Name: 
- Contact Name: 
- Address: 
- Phone (Home/Office): 
- Phone (Cell): 
- E-mail: 

## Part 3C: Guardian

**Guardian(Y/N): Complete if Y.**

- Company Name: 
- Contact Name: 
- Address: 
- Phone (Home/Office): 
- Phone (Cell): 
- E-mail: 

## Part 3D: Other Support

**Complete for All Tenants.**

- DDA Caseworker Name/Title: 
- Phone (Office): 
- Phone (Cell): 
- E-mail: 
- Emergency Contact Name: 
- Address: 
- City: 
- Zip: 
- Phone: 
- Phone (Cell): 
- E-mail: 

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1
### Part 4A: Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Employment/Wages</th>
<th>(B) Social Security</th>
<th>(C) Public Assistance</th>
<th>(D) Other Income</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Totals: $ $ $ $

Enter totals of columns (A) through (D), above

Total: $ $

### Part 4B: Assets

<table>
<thead>
<tr>
<th></th>
<th>(F) Type of Asset</th>
<th>(G) Cash Value of Asset</th>
<th>(H) Income from Asset</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Tenant Signature:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Tenant Name:</td>
<td></td>
</tr>
<tr>
<td>Guardian Signature <em>if applicable</em>:</td>
<td>Date:</td>
</tr>
<tr>
<td>Guardian Name:</td>
<td></td>
</tr>
</tbody>
</table>
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)*