

DATE: _____ CALIFORNIA HOUSING FINANCE AGENCY
 CERTIFICATION OF COMPLIANCE
 RENTAL HOUSING MORTGAGE LOAN PROGRAM RESIDENT ELIGIBILITY

- () INITIAL MOVE-IN
- () ANNUAL RECERTIFICATION
- () SECTION 8 CERTIFICATE HOLDER

PROJECT NAME: _____ CalHFA #: _____
 COUNTY: _____ UNIT NUMBER: _____ UNIT SIZE: _____

FAMILY MEMBER	SOURCE OF INCOME	CURRENT ANNUAL INCOME
HEAD _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
TOTAL ANNUAL INCOME		\$ _____

MOVE-IN DATE	MOVE-IN INCOME	MONTHLY TENANT RENT	UTILITY ALLOWANCE	SUBSIDY	GROSS RENT
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

I hereby certify that the foregoing information is true and complete to the best of my knowledge and authorize inquiries to be made to verify the statements herein.

 Head of Household Date _____

ELIGIBILITY

Family Size/Number of Persons _____
 Total Annual Income \$ _____
 Income Limit (e.g. 35%,45%,50%,60%,65%,or 80%) _____
 Maximum Income Limit for Family Size \$ _____

Based on the verification of income, does this applicant meet the income requirement for this unit? YES _____ NO _____

 Management Agent Representative Date _____