

Exhibit I-1

Chicago Low-Income Housing Trust Fund Rental Subsidy Program Tenant Income Verification Form

SERVICE PROVIDER

Agency Name: _____

Agency Staff Name: _____

Agency Staff Phone: _____

Agency Staff Email: _____

All households benefiting from the Chicago Low-Income Housing Trust Fund's Rental Subsidy Program must certify and sign the tenant income verification form on an annual basis.

Attach and submit documentation to support the household income

(i.e. copies of check stubs, award letters from Social Security Administration, award letters for child support or alimony benefits, and/or all other cash income sources. All Sections of this form must be complete in its entirety. Should something not be applicable, please note "N/A" as the response. All members of the household 18 years or older must provide certification of income. If any such individual has no source of income, they must provide a notarized statement declaring that, as of the date of this income verification, they have no income.

*Please Print or Type Information.***PART I. LEASE HOLDER AND BUILDING INFORMATION**

Name of Leaseholder / Tenant: _____

Building Address: _____

Chicago, IL

ZIP: _____

Lease Start Date: _____

Unit # _____

Bedrooms: _____

Type of Verification:

Check One: Initial Certification (New Move-In) Recertification

in Household: _____

Move-out Date: _____

PART II. HOUSEHOLD MEMBER INFORMATION

List all occupants of the unit starting with the Head of Household (HH) and self identify the demographic information* from the groupings.

#	First name	Last name	Year Born	Sex	Race *	Ethnicity *	Veteran	Disabled
1HH				F / M				
2				F / M				
3				F / M				
4				F / M				
5				F / M				
6				F / M				
7				F / M				
8				F / M				
9				F / M				

Race (Legend *):

1-White

2-Black or African American

3-American Indian or Alaskan

4 Asian

5-Pacific Island or Native Hawaiian

Ethnicity (Legend *):

1-Hispanic or Latino

2-Non-Hispanic or Latino

* Please Note: Demographic information is for data collection purposes only. Demographic information will not be used to determine eligibility or acceptability. All individual information is confidential.

Add additional sheets if needed.

Exhibit I-2		PART III. HOUSEHOLD GROSS ANNUAL CASH INCOME AND ASSETS							
		TOTAL annual household income from all sources:						\$ _____	Annual Income
		Monthly Cash Income							
Sources of Cash Income:	#	Household Member Name	Employment Job(s)	Public Aid	Social Security Benefits	Child Support / Alimony	Other (Specify)	Income from Assets *	
Proof of Income Attached	1HH								
<i>Note: Do Not Include Food Stamps</i> Identify any assets *: <i>(i.e. checking / savings account, stocks, bonds, etc.</i>	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
Total:			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	

	PART IV. DETERMINATION OF HOUSEHOLD ELIGIBILITY AND TENANT ASSISTANCE																												
Income limits are based on the Chicago-Naperville-Joliet, IL HUD Metro Area (HMFAs as adjusted by HUD). Effective until superseded. Effective April 1, 2018.	Please Check Only One.																												
Maximum 2018 Allowable Income Limits	1. Does the household meet the income allowable limits? <input type="checkbox"/> YES <input type="checkbox"/> NO (See income limit chart to left. If no, go to question # 4 and complete Part V.)																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Household Size</th> <th style="text-align: center;">Severely Low 0-15% AMI</th> <th style="text-align: center;">Extremely Low 16-30% AMI</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1 person</td><td style="text-align: center;">\$8,895</td><td style="text-align: center;">\$17,800</td></tr> <tr><td style="text-align: center;">2 people</td><td style="text-align: center;">\$10,155</td><td style="text-align: center;">\$20,350</td></tr> <tr><td style="text-align: center;">3 people</td><td style="text-align: center;">\$11,430</td><td style="text-align: center;">\$22,900</td></tr> <tr><td style="text-align: center;">4 people</td><td style="text-align: center;">\$12,690</td><td style="text-align: center;">\$25,400</td></tr> <tr><td style="text-align: center;">5 people</td><td style="text-align: center;">\$13,710</td><td style="text-align: center;">\$29,420</td></tr> <tr><td style="text-align: center;">6 people</td><td style="text-align: center;">\$14,730</td><td style="text-align: center;">\$33,740</td></tr> <tr><td style="text-align: center;">7 people</td><td style="text-align: center;">\$15,750</td><td style="text-align: center;">\$38,060</td></tr> <tr><td style="text-align: center;">8 people</td><td style="text-align: center;">\$16,755</td><td style="text-align: center;">\$42,380</td></tr> </tbody> </table>	Household Size	Severely Low 0-15% AMI	Extremely Low 16-30% AMI	1 person	\$8,895	\$17,800	2 people	\$10,155	\$20,350	3 people	\$11,430	\$22,900	4 people	\$12,690	\$25,400	5 people	\$13,710	\$29,420	6 people	\$14,730	\$33,740	7 people	\$15,750	\$38,060	8 people	\$16,755	\$42,380	2. Does the household size utilize the unit size / type? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. The household qualifies for which income limit? <input type="checkbox"/> Severely Low Income (1-15% AMI) <input type="checkbox"/> Extremey Low Income (15-30% 4. Does the household match the approved unit income limits? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Household Size	Severely Low 0-15% AMI	Extremely Low 16-30% AMI																											
1 person	\$8,895	\$17,800																											
2 people	\$10,155	\$20,350																											
3 people	\$11,430	\$22,900																											
4 people	\$12,690	\$25,400																											
5 people	\$13,710	\$29,420																											
6 people	\$14,730	\$33,740																											
7 people	\$15,750	\$38,060																											
8 people	\$16,755	\$42,380																											

PART V. TRANSITIONAL RENTAL ASSISTANCE											
If the household income exceeds the allowable rental Income Limits (see chart above), the household may be eligible for Transitional Rental Assistance. Transitional assistance provides up to one-half of the subsidy benefit for up-to one year. The amount and term is determined by the Trust Fund Board of Directors. Transitional assistance works to bridge the household from the subsidized rent level to a non-subsidized, market rate rent. Complete the calculation to the right for the new tenant portion. Contact Trust Fund staff if there is a question.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #003366; color: white; text-align: left;">Transitional Rental Assistance Calculation</th> </tr> </thead> <tbody> <tr> <td style="font-size: x-small;">1. Current Landlord approved rent:</td> <td style="text-align: right;">\$ _____ A</td> </tr> <tr> <td style="font-size: x-small;">2. Current Trust Fund Rental Assistance:</td> <td style="text-align: right;">\$ _____ B</td> </tr> <tr> <td style="font-size: x-small;">3. Divide Line "B" by 2</td> <td style="text-align: right;">\$ _____ C</td> </tr> <tr> <td style="font-size: x-small;">4. New Tenant Portion: Subtract C from A:</td> <td style="text-align: right;">\$ _____ T</td> </tr> </tbody> </table>	Transitional Rental Assistance Calculation		1. Current Landlord approved rent:	\$ _____ A	2. Current Trust Fund Rental Assistance:	\$ _____ B	3. Divide Line "B" by 2	\$ _____ C	4. New Tenant Portion: Subtract C from A:	\$ _____ T
Transitional Rental Assistance Calculation											
1. Current Landlord approved rent:	\$ _____ A										
2. Current Trust Fund Rental Assistance:	\$ _____ B										
3. Divide Line "B" by 2	\$ _____ C										
4. New Tenant Portion: Subtract C from A:	\$ _____ T										

PART VI. CERTIFICATION BY ALL PARTIES

I hereby certify that this information is true and correct to the best of my knowledge.

Head of Household Signature / Date

Preparer / Service Provider Signature / Date

Property Manager Signature / Date