



TENANT INFORMATION FOR PHARE - BNIP RENTAL PROPERTY REHABILITATION PROGRAM

Property Owner Name & Address _____.

Tenant Name: _____.

Tenant Address: _____ Unit _____.

Tenant Phone: _____ .Do you have Renters Insurance? _____

TENANT HOUSEHOLD COMPOSITION (List all persons living in the unit)

Tenant Occupants- (full names)	Social Security Number	Relationship	Age	Disabled?

Tenant - Race - Head of Household

White Black/African American Asian American Ind./Alaskan Native Native Hawaiian /Other Pacific Islander American Indian/Alaskan Native & White Asian & White Black/African American & White Black/African American & American Indian/Alaskan Native Other

Are you Hispanic? Yes No

Are you a Female Head of House? Yes No

Are you or another family member living in this unit disabled/handicapped? Yes No

Do you need handicapped renovations to make your home more accessible? Describe

Have any children in your home been tested for lead levels? Yes No What were the results?

TENANT INCOME INFORMATION: What is the total gross annual income of all persons living in your home? (Include wages, salaries and tips; other income such as alimony, child support, unemployment, Social Security, AFDC or any other benefits or income) Gross is before taxes.

Name	Source of Income Please provide address	Gross Weekly or Monthly Amount	Payment Basis (weekly, bi-weekly monthly)
		W-M \$	

TENANT ASSET INFORMATION

List the type and source of any household member assets. Provide both the current cash value and the estimated annual income from the asset.

Member's Name	Location (address) of Asset (bank accounts, checking, savings, investments, property, stocks...)	Cash Value of Asset	Annual Income from Asset
		\$	

UNIT DESCRIPTION: _____

Unit Location in home: _____

Number of Bedrooms: _____

Number of Bath Rooms: _____

RENTAL INFORMATION

What is your current rent: \$ _____ per _____

Do you have a lease? Yes No if yes, please provide a copy.

Do you receive Section 8 or other Rent Assistance? _____

Are ANY utilities / appliances included in the rent: Yes No

Utilities & Appliances –	Paid or Provided by <u>Owner</u>	Paid or provided by <u>Tenant</u>
Heating (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Cooking (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water (fuel type: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
Range / Micro wave	<input type="checkbox"/>	<input type="checkbox"/>
Trash Collection	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION: By signing, I certify the information provided on this form is accurate and true. I/we authorize the City of Williamsport to verify all information provided on this application. I/we understand that this information is collected to determine if my unit is eligible for rental property rehabilitation funding.

If this property is approved for the program I understand repairs will be made to the property and my unit and contractors will require access to my unit to make the repairs. I will cooperate and allow the selected contractors access to my unit.

I understand I will be able to reside in this unit as rehabilitation work proceeds.

Tenant Name & Date:	Tenant Name & Date
(Signature)	(Signature)

SUMMARY OF INFORMATION NEEDED From Tenant Households

This information is needed to verify if your unit is eligible for repairs under the Brodart Neighborhood Improvement Program. The required information will vary based on tenant household circumstances. This information is for use in our eligibility determination for the BNIP RR Program only.

We will help you obtain the required information as necessary.

Please include the names and incomes of **all** people (adults and children) who are actually living with you in your rental unit, whether related to you or not.

For each household member:

Federal Tax Returns (1040s) from the last year, including all schedules and latest year's W-2 form(s).

Recent pay stubs for each household member. **8 weeks minimum.**

You must tell us about:

All sources of money you and any member of your household/family receives (wages, welfare payments, alimony, social security, pension, etc.)

All money received on behalf of your children (child support, social security for children, etc.)
Earnings from the second job or part time job.

Asset income from Bank accounts, savings bonds, certificates of deposit, stocks, real estates, etc. that is owned by you and any member of your family/household who is living with you.

If you receive Social Security, a Pension, an Annuity, or other such payment, provide a copy of the award letter or statement of benefit amount and a copy of a recent benefit check if available.

If you receive alimony or child support, provide a copy of the decree and evidence of receipt of income for 12 months (e.g., canceled checks, deposit slips or payment statements).

If you are self-employed, you will need:

Last year's signed and dated tax return, including all schedules, a year-to-date Profit and Loss (P&L) Statement that is less than 60 days old, and a current, signed Balance Sheet

IF YOU HAVE ANY QUESTIONS, DON'T HESITATE TO ASK!