

Exhibit I-1

**Chicago Low-Income Housing Trust Fund
2021-2022 Rental Subsidy Program
Tenant Income Verification Form**

SERVICE PROVIDER INFORMATION

(To be Completed by the Service Provider)

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).

Each section 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.

Special Initiative: _____

Agency Name: _____

Agency Staff Name: _____

Agency Staff Phone: _____

Agency Staff Email: _____

Please Print or Type Information.

PART I. LEASE HOLDER AND BUILDING INFORMATION

<p>Name of Leaseholder / Tenant: _____</p> <p>Building Address: _____ Unit # _____</p> <p align="center">Chicago, IL ZIP: _____</p> <p>Lease Start Date: _____ # Bedrooms: _____</p>	<p>Type of Verification:</p> <p>Check One: <input type="checkbox"/> Initial Certification (New Move-In)</p> <p> <input type="checkbox"/> Recertification</p> <p># in Household: _____</p> <p>Move-out Date: _____</p>
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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	Age	Sex	Race *	Ethnicity *	Veteran	Disabled	Race (Legend *):
1HH					F / M					1-White
2					F / M					2-Black or African American
3					F / M					3-American Indian or Alaskan
4					F / M					4 Asian
5					F / M					5-Pacific Island or Native Hawaiian
6					F / M					Ethnicity (Legend *):
7					F / M				1-Hispanic or Latino	
8					F / M				2-Non-Hispanic or Latino	
9					F / M					

** 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 (Note: Do not include SNAP Payments)	#	Household Member Name	Employment Job(s)	Public Aid	Social Security Benefits	Child Support / Alimony	Other (Specify)	Income From Assets
Proof of Household Income:	1	HH						
(Please List the Documentation Attached)	2							
	3							
	4							
	5							
	6							
Identify any Household Assets:	7							
(e.g., checking / savings account, stocks, bonds, etc.)	8							
	9							
	Total:		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Income limits are based on the Chicago-Naperville-Joliet, IL HUD Metro Area (as adjusted by HUD).
Effective April 1, 2021. Effective until superseded.

PART IV. DETERMINATION OF HOUSEHOLD ELIGIBILITY AND TENANT ASSISTANCE

Please Check Only One.

Maximum 2021-22 Allowable Income Limits		
Household Size	Severely Low 0-15% AMI	Extremely Low 16-30% AMI
1 person	\$9,795	\$19,600
2 people	\$11,190	\$22,400
3 people	\$12,585	\$25,200
4 people	\$13,980	\$27,950
5 people	\$15,105	\$30,200
6 people	\$16,230	\$32,450
7 people	\$17,340	\$34,700
8 people	\$18,465	\$36,900

1. Is the household at-or-under the applicable income limit?

YES

NO

2. Does the household size utilize the unit size / type?

YES

NO

3 The household qualifies for which income limit?

Severely Low Income (0-15% AMI)

Extremely Low Income (16-30% AMI)

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. You must immediately notify the Trust Fund if the household is over-income. Transitional Rental Assistance provides up to one-half of the prior subsidy benefit for up to one year. The amount and duration of Transitional Rental Assistance is determined by the Trust Fund Board of Directors.

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