

Worcester Lead Abatement Program

ANNUAL TENANT RENT AND INCOME CERTIFICATION FORM

Note: This form must be completed and returned to your landlord or mailed/faxed directly to

City of Worcester Division of Neighborhoods and Housing Development

477'0 clp Street'To 0627 - Worcester, MA 0162: or Fax: 508-799-1406 ATTN: lqCpgg'Mcur gt/F wpgg

PROPERTY ADDRESS: _____

DATE: _____

Dear Tenant(s):

The property in which you live has received federal money from HUD's Lead Program, through the City of Worcester. In order to provide low cost housing in the City of Worcester, HUD regulations require that our office annually monitor the rent and income of all tenants in properties that have received federal funds. Regardless of your income increasing, you will not be forced to move out from this property while it is within its monitoring period. This form can also be done on-line and then faxed.

www.worcesterma.gov/development/housing-development

Tenant(s) Name: _____

(Head of Household) _____

Apartment or Floor: _____

Date of move in: _____

RENTAL INFORMATION:

Present Rent: \$ _____

Who pays utilities for your unit: Tenant Owner

If you pay the utilities, please check the following:

Heat: _____

if so is it Gas ___ Oil ___ Electric ___

Electricity: _____

Hot Water: _____ if so is it Gas ___ Oil ___ Electric ___

Cooking: _____ if so is it Gas ___ Oil ___ Electric ___

Number of Bedrooms: _____

→ Are you currently receiving any form of rental assistance & if so how much

\$ _____

Yes _____ No _____ If yes, please check type:

What kind?

Section 8 Tenant Based _____ Section 8 Project Based _____

Massachusetts Rental Voucher Program _____

Where is it from?

Authority: Worcester Housing Auth. _____ or RCap _____

Other _____ please list _____

HOUSEHOLD INCOME:

In the space provided, please indicate your gross annual household income before tax of your family household members:

Hours Worked per Week _____ What is your hourly pay \$ _____
Or
Annual Salary \$ _____

SIZE OF HOUSEHOLD:

Please indicate the total number of members in your household, regardless of age:

Please indicate what would best describe your race as Head of Household (optional):

**List Head of Household as occupant #1 then all other persons
residing in your household:**

Name- First	Last	Relation to Head of Household	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the above information is complete and accurate to the best of my knowledge.

Signature of Tenant: _____ Date _____
Telephone: _____

Please call me directly at 508-799-1400 X277 if you have any questions.

Sincerely,

Kasper Dunne

Program Manager
Division of Housing Development
City Hall
455 Main Street, Room 405
Worcester, MA 01608
508-799-1400 Ext. 255
kasper-dunne@worcesterma.gov

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Source Documents will be provided upon request that may include proof of income, etc. The City of Worcester reserves the full right to view qualifications for affordable housing.