

Dear Tenant,

The housing unit in which you live has been rehabilitated with a loan funded by the City of Janesville, Neighborhood & Community Services, Rental Rehabilitation Program. As part of verifying compliance with the terms and conditions of the loan, we need some information about the people who currently reside or may reside in the unit. Please take a moment to fill out this form, have all adults sign the second page, and seal it in the enclosed envelope and return it to your landlord who will deliver it to Neighborhood & Community Services or mail it directly to Neighborhood & Community Services. All the information you provide will be kept strictly confidential and used solely for the purpose of determining compliance. Please also take a moment to read the enclosed booklet, "Protect Your Family from Lead in Your Home". If you are employed, we will need a copy of four current, consecutive weeks of check stubs for all household members that are working. If you receive social security, we will need a copy of your award letter.

HOUSEHOLD INFORMATION

Unit Address: _____

Head of Household Name: _____ Social Security # _____

Phone # _____ Monthly Rent: _____ Number of Bedrooms _____

Which Utilities do YOU pay? ___ Water ___ Heat ___ Electricity Do any children in the household have

Elevated Blood Levels? If "Yes," then, who? _____ EBL = _____ Date of Test _____

Household Members Name(s)	DOB	Social Security #	Race Code	Hispanic Y or N	Relation to Head of Household
1					
2					
3					
4					
5					

Race Codes: 1=White; 2=Black/African American; 3=American Indian/Alaskan Native; 4=Asian; 5=Native Hawaiian/Other Pacific Islander; 6=Other (Specify)

INCOME INFORMATION

Please provide the following information for all household members:

Household Member	Employer Name	Employer Address	Gross Monthly Income

Other Income: Please check all sources of income that the household receives and indicate a gross monthly amount.

Social Security \$ _____ Unemployment \$ _____
 SSI \$ _____ Interest from Savings \$ _____
 W-2 \$ _____ Other \$ _____
 Pension (s) \$ _____ Source: _____
 Source: _____ Address: _____
 Address: _____

I certify that the above information is to the best of my knowledge and belief, true, accurate and complete, and that I have received a copy of the booklet "Protect Your Family From Lead in Your Home".

Head of Household Signature _____

Date _____

TENANT AUTHORIZATION FOR RELEASE OF INFORMATION

To Whom It May Concern:

As evidenced by my signature, I hereby authorize the City of Janesville, Rental Rehabilitation Program to obtain verification of any and all information regarding my INCOME, ASSETS, EMPLOYMENT, and HOUSING EXPENSES. Furthermore, I authorize the release of such information at the request of the Rental Rehabilitation Program.

I understand that this information will be kept confidential by the Rental Rehabilitation Program and will be used solely for the purpose of determining eligibility for participation in the Program, and used in statistical tables, study and research.

Signature of Tenant Date

Signature of any other adult member Date

Signature of any other adult member Date



CITY OF JANESVILLE
Wisconsin's Park Place