

Downtown Investor-Owned Rehabilitation Assistance <u>Tenant Profile Form (TPF)</u>



Your landlord has received/applied for a City of Jackson Downtown-Investor Owned Rehabilitation Assistance loan to improve this property.

The City of Jackson needs information about you	r househ	old and	therefore	require	RETURN TO YOUR LANDLORD
Tenant's Name: (Last) (First) _ Phone: Landlord's Name: (Last) (First) _ Property Address: Phone:		_		_	
the head of the household (HOH) complete this f		IT A T1/	ON.		
HUD COMPLIANCE REQURIED DOC TENANT INFORMATION NAME (Last, First, Middle)	SEX	AGE	Handicapped :	Relationship to HOH	Head of Household (HOH) Only: Are you: White Black/African-American Hispanic Asian Black/African-American & White American Indian/ Alaska Native American India/ Alaska Native & White Asian & White Other/ Multi-Racial
RENTAL INFORMATION What is your current rent per month? \$ Please check any utilities included in the rent:HeatElectricWater/Sewer Are you currently receiving rent assistance?YesNo					PROPERTY INFORMATION Number of bedrooms in your unit: ———
INCOME INFORMATION What is your approximate annual income? List all monthly income received by your household and attach all associated supporting documents: Wages Gen. Assistance Alimony/Child Support Income information is valid for six (6) months and reviewed					I certify that my current family size and income level is accurately reported on this form. Reportable income includes wages, social security, pension, alimony, child support, rental income, general assistance, and taxable interest income. I certify that this information is true. I understand that this information is provided as part of loan qualification documentation submitted by my landlord.
annually					Tenant Signature Date