

**Exhibit C  
SAMPLE**

**Moderate Tenant Income Certification (MTIC)**

PROPERTY NAME: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ MOVE-IN DATE : \_\_\_\_\_

The information on this form will be used to determine continued program eligibility, and additional information may be requested as needed. Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my knowledge. I/we further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of your lease agreement.

**PART I: EMPLOYMENT:** For each household member 18 and over, you must list each person’s employer. Please write “unemployed” under “Name of Employer” for unemployed household members. Use the same household member numbering as reported in Form A. “HH Mbr” = “Household Member”.

If household member is employed by San Francisco Unified School District (SFUSD), please provide evidence of current employment.

HH Mbr #	Name of Employer	First Day of Employment (mm/dd/yyyy)	Self- Employed?	Estimated Annual Income
		___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
		___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
		___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
		___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
		___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
		___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N	\$

**PART II: GROSS ANNUAL INCOME:** For each household member 18 and over, you must list each person’s wages.

HH Mbr #	Wages	Social Security/Pensions Received Annually	Public Assistance Received Annually	Income From Land/ Business Annually	Other Income Received Annually
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
<b>TOTAL</b>	<b>(a)\$</b>	<b>(b)\$</b>	<b>(c) \$</b>	<b>(d)\$</b>	<b>(e) \$</b>
<b>TOTAL GROSS ANNUAL INCOME Add (a) through (e)</b>					<b>\$</b>

**PART III: INCOME FROM ASSETS:** Important: You must list every cash account that shows a household member as an account holder including joint accounts, custodial accounts for minors, and other accounts on which a household member's name appears. Do not include material assets such as cars or boats. Failure to list all accounts will disqualify your household. Attach additional sheets if necessary.

HH Mbr #	Name of Institution (bank name, etc.)	Last 4 Digits of Account Number	Type of Asset - (bank account, savings account, CD, mutual fund, trust fund, gift, etc.)	Current Cash Value of Asset
<b>Total Household Assets</b>				\$

**PART V: HOUSEHOLD CERTIFICATION & SIGNATURES**

All statements made in this application are true and made for the purpose of recertifying for a moderate income rental unit. If required, verification may be obtained from any source named in this application.

The information on this form will be used to determine income eligibility. I/we have listed all persons in my/our household. I/we have provided each household member's acceptable verification of current annual income and income from assets. I/we have also disclosed ALL assets held by each person listed on the application, and have provided documentation thereof. Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud.

**False, misleading or incomplete information may result in the termination of this application and of the lease agreement.**

Must be signed by all applicants 18 years or older.

Household Member's Signature	Household Member's Printed Name	Date
Household Member's Signature	Household Member's Printed Name	Date
Household Member's Signature	Household Member's Printed Name	Date
Household Member's Signature	Household Member's Printed Name	Date