

**CITY OF BERKELEY BELOW MARKET RATE PROGRAM
Tenant Approval Form**

UPDATED: November 2017

Please submit the completed Tenant Approval Form in Word format. Do not send a pdf file of this form. All other back up documentation may be submitted as pdf files.

Mark appropriate box with an "x":	Initial Certification		Applicant Name (First/Last Name of person(s) signing the lease):	
	Annual Recertification			
	If Recertification, # of years residing in unit:			
Property Name/Address:			Number in Household:	
Proposed Unit (Unit Number):			Annual Gross Household Income:	
If switching, from which unit?				
Unit Type/Affordability: (Mark "x" next to affordability level)	50%	80%	Source of Verification: (3 rd Party Verification of Income required at initial certification, 1 st year recertification and every 5 th year of lease term)	
Density Bonus Unit	Yes/No _____			
Inclusionary Unit Size (Sqft / # of bedrooms):				
Section 8 If yes, please provide a copy of the Housing Assistance Payment Contract or letter from Berkeley Housing Authority confirming Tenant's Eligibility for Section 8 Program and Amount of Tenant Rent	Yes/No _____			
Standard Rent for Unit:			Total Assets: *If Assets exceed \$5,000, take greater of (a) actual income from assets or (b) imputed income from assets, i.e., multiply total amount of assets by 0.06%. Add total to Gross Household Income	
Gross Inclusionary Rent: (Max. Limit)			Student: Yes / No	
Calculation of Utility Allowance Deduction:			Verified By/Date:	
	Tenant Paid Utilities (List Tenant-Paid Utilities by type, i.e., gas cooking, electric heating- and note amount for each type):			
	Owner Paid Utilities (List utilities Owner is responsible for):			
Net Inclusionary Rent Proposed:				