

Tenant Relocation Program Application

Tenant/Applicant's Name _____ Date _____

Tenant/Applicant's Current Address _____

City/State/Zip _____ Phone Number _____

Condo Address (if different from Current Address) _____

City/State/Zip _____

Owner's Name _____ Owner's Phone Number _____

Owner's Address _____

City/State/Zip _____

How many bedrooms in your unit? _____

How many people live in your unit? _____

List each person, giving name, age, and current address:

	Name	Age	Current Address
1			
2			
3			
4			

(Continue on the back of this page if you need additional space to write)

WHEN did you move into the unit? (Month/day/year) _____

Have you vacated the unit? ____ If so, WHEN? (Month/day/year) _____

Show the **RENT** you paid for each of the 12 months preceding the current month.

(Please provide verification of your rent with this application):

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Example	\$500	\$500	\$500	\$500	\$500	\$550	\$550	\$550	\$550	Not in unit	Not in unit	Not in unit

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
2006												
2007												

Show your **TOTAL GROSS HOUSEHOLD INCOME** for each of the 12 months preceding the current month. This includes income from **all** sources. **Please provide verification of income for every working household member 18 years of age or older with this application.** The following documents **must** be included with your application: **Last year's State or Federal Income tax forms and two-months of current payroll stubs.** Other documents may include proof of social security pensions, AFDC, SSI, GR, Veterans benefits, educational assistance, checking and savings account balances, stocks, bonds and other assets.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
2006												
2007												

All information provided herein is true and correct to the best of my knowledge. I understand that I may be subject to prosecution for perjury if any information is fraudulently provided or misrepresented.

Applicant's Signature

Date

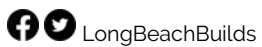


City of Long Beach

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Visit us at longbeach.gov/lbds



This information is available in alternative format by request at 562.570.6257.

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