

**DEPARTMENT OF PLANNING AND ECONOMIC DEVELOPMENT
OF THE CITY OF SAINT PAUL, MINNESOTA
Rental Rehabilitation Loan Program
SITE OCCUPANT RECORD FORM**

Name of Occupant _____

Address _____

Telephone Number _____ Check: ___ Family ___ Individual

Date occupant first occupied this dwelling _____

RACIAL/ETHNIC CLASSIFICATION HOUSING COSTS

CHECK ALL THAT APPLY)

- AMERICAN INDIAN OR ALASKAN NATIVE
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- AMERICAN INDIAN OR ALASKAN NATIVE AND WHITE
- BLACK OR AFRICAN AMERICAN AND WHITE

- OTHER MULTI-RACIAL

- ASIAN
- HISPANIC OR LATINO
- WHITE
- ASIAN AND WHITE
- AMERICAN INDIAN OR ALASKAN NATIVE
AND BLACK OR AFRICAN AMERICAN

HOUSING COSTS

TENANT:

MONTHLY CONTRACT RENT \$ _____

AVERAGE MONTHLY UTILITY COSTS \$ _____

MONTHLY HOUSING COSTS \$ _____

NO. OF ROOMS _____ **NO. OF BEDROOMS** _____

SURNAME, GIVEN NAME(S)/ SSN(S)	RELA- TION- SHIP	SEX	AGE	OCCUPATION	SOURCE OF INCOME				GROSS MONTHLY INCOME
					EMPLOYMENT	WELFARE	PENSION	OTHER (IDENTIFY)	
									\$
					TOTAL GROSS MONTHLY INCOME: \$				

**SPECIAL CHARACTERISTICS
OF HOUSEHOLD (E.G.,
DISABLED, ELDERLY, ETC.)**

Income Verification (must check one box in part A and box in part B)

1. Check the box below next to the line that describes the total number of persons in the unit.
2. Check the income level under that line that describes the total family income of the unit. When calculating total family income, please consider all income earned from the sources listed on the reverse side.

Part A	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 persons	<input type="checkbox"/> 3 persons	<input type="checkbox"/> 4 persons	<input type="checkbox"/> 5 persons	<input type="checkbox"/> 6 persons	<input type="checkbox"/> 7 persons	<input type="checkbox"/> 8 persons
Part B	<input type="checkbox"/> ≤ \$19,000	<input type="checkbox"/> ≤ \$21,700	<input type="checkbox"/> ≤ \$24,400	<input type="checkbox"/> ≤ \$27,100	<input type="checkbox"/> ≤ \$29,300	<input type="checkbox"/> ≤ \$32,960	<input type="checkbox"/> ≤ \$31,140	<input type="checkbox"/> ≤ \$41,320
	<input type="checkbox"/> \$19,000 to \$31,650	<input type="checkbox"/> \$21,701 to \$36,200	<input type="checkbox"/> \$24,401 to \$40,700	<input type="checkbox"/> \$27,101 to \$45,200	<input type="checkbox"/> \$29,301 to \$48,850	<input type="checkbox"/> \$32,961 to \$52,450	<input type="checkbox"/> \$31,141 to \$56,050	<input type="checkbox"/> \$41,321 to \$59,700
	<input type="checkbox"/> \$31,651 to \$47,600	<input type="checkbox"/> \$36,201 to \$54,400	<input type="checkbox"/> \$40,701 to \$61,200	<input type="checkbox"/> \$45,201 to \$68,000	<input type="checkbox"/> \$48,851 to \$73,450	<input type="checkbox"/> \$52,451 to \$78,900	<input type="checkbox"/> \$56,051 to \$84,350	<input type="checkbox"/> \$59,701 to \$89,800
	<input type="checkbox"/> ≥ \$47,601	<input type="checkbox"/> ≥ \$54,401	<input type="checkbox"/> ≥ \$61,201	<input type="checkbox"/> ≥ \$68,001	<input type="checkbox"/> ≥ \$73,451	<input type="checkbox"/> ≥ \$78,901	<input type="checkbox"/> ≥ \$84,351	<input type="checkbox"/> ≥ \$89,801

I certify under penalty of perjury that the information contained in this Certificate is true and correct as of the date this Certificate is executed. I authorize the City of Saint Paul to verify information provided, if necessary.

By _____

Its _____

Dated: _____, 20__.

