

**HOUSING AUTHORITY OF THE CITY OF SAN BUENAVENTURA
FOR THE CITY OF VENTURA**

TENANT APPLICANT REVIEW

Date:

Applicant Name:		Total HH:	
Applicant Address:			
Unit Address:		Unit No.:	
Check Unit Type:	Studio	1-Bdrm	2-Bdrm 3-Bdrm
Rent:	\$	Income Level Low or Mod:	

Attached is the Tenant Income Certification (TIC) for subject applicant to determine eligibility. Once applicant review is complete, please complete and forward response to Property Manager.

Submitted by	Title	Date
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THIS SECTION TO BE COMPLETED BY HACSB STAFF

Applicant (Tenant) is:

Eligible Not Eligible pursuant to the requirements of the Housing Declaration and Affordability Agreement
Instrument No. _____. The Tenant's gross household income meets the eligibility requirements defined in Housing Declaration and Affordability Agreement, Exhibit C.

The reason for not qualifying for subject rental unit:

Reviewed by - Signature	Title	Date
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