



ILLINOIS HOUSING DEVELOPMENT AUTHORITY  
RENTAL HOUSING SUPPORT PROGRAM

Exhibit 7 in Program Guide

TENANT INCOME CERTIFICATION FORM

- ☐ Initial Certification   ☐ Annual Recertification  
☐ Interim Recertification

Effective Date: \_\_\_\_\_

Move-in Date: \_\_\_\_\_  
(MM/DD/YYYY)

PART I – PROJECT DATA (For office use only)

Project Name: \_\_\_\_\_ Project #: \_\_\_\_\_ LAA #: \_\_\_\_\_

Unit Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Unit Number: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ County: \_\_\_\_\_

PART II - HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head Of Household	Date of Birth (MM/DD/YYYY)
1			HEAD	
2				
3				
4				
5				
6				
7				

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$	\$	\$	\$
Add totals from (A) through (D), above				TOTAL INCOME (E): \$

PART IV. INCOME FROM ASSETS

Hshld Mbr #	(F) Type of Asset	(G) Cash Value of Asset	(H) Annual Income from Asset
TOTAL (I)			\$
(J) Total Annual Household Income from all Sources [Add (E) + (I)]			\$