Housing and Homeless Services Department
808 W. Spokane Falls Blvd.
Spokane, Washington 99201
509.625.6325, FAX 509.625.6315

Annual HOME Occupancy Summary

Owner's Name: **Project Address:** **Date:**

Unit No.	(1) Type of Unit	(2) Date of Income Verification	(3) Tenant(s) Name	(4) Annual Gross Income	(5) Tenant Paid Rent	(6) Utility Allowance	(7) Gross Total Rent	(8) Ethnic Origin	(9) Size of House-hold	(10) House-hold Type	(11) Rental Assist-ance
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				
				$	$	$	$				

INSTRUCTIONS: Fill in the information for the preceding month.

(1) Please enter one of the following: Studio, 1-Bdrm, 2-Bdrm, 3-Bdrm, 4-Bdrm
(2) Date owner/manager of property verified tenant income with tenant certification or initial/6th year certification
(3) Use one line for each adult tenant, age 18 and over
(4) Please enter tenant's annual gross income
(5) Please enter the monthly tenant paid rent
(6) Please enter applicable utility allowance and include documentation of method used
(7) Please enter monthly total rent, even if the unit is vacant
(8) Please enter one: B-Black/African American; I-Indigenous/Native American; H-Hispanic/ Latina; A-Asian; M-Middle Eastern; Native Hawaiian/Pacific Islander; W-White; O-Other
(9) Please enter the total number of persons living in the unit, regardless of age
(10) Please identify if the tenant is: 1-Single/Non-Elderly; 2-Elderly; 3-Related/Single Parent; 4-Related/Two Parent; 5-Disabled; 6-Other; 7-Vacant
(11) Please enter one of the following: 1-Spokane Housing Authority Tenant Based Voucher (TBV); 2-HOME TBRA; 3-Project Based Voucher (PBV), 4-Other; 5-No Assistance. Please attach rental assistance paperwork, if applicable

SUITABLE FOR OCCUPANCY CERTIFICATION

The undersigned representative of the property certifies that each building and all HOME-assisted units on this property are suitable for occupancy and meet all State and local health, safety, and other applicable codes, ordinances, and requirements, and the ongoing property standards established by the participating jurisdiction pursuant to requirements contained in CFR 92.251.

Signature _____

Date _____

We are pledged to the letter and spirit of U.S. policy for the achievement of Equal Housing Opportunity (EHO) throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, creed, sex, age, marital status, national origin, or handicap.