

F-39 - Tenant Profile Form

Name of Applicant/Applicant Entity: _____

I. UNIT CHARACTERISTICS

Unit Number: _____

Number of Bedrooms: _____

Occupied

Unoccupied

Monthly/Weekly Rent Paid by Tenant: \$ _____

Monthly Rent Subsidy: \$ _____

Provided from: _____

Average Monthly Utilities--Lights, Heat, Water and Sewer: \$ _____

Are Utilities Included in the Rent?

Yes

No

II. TENANT CHARACTERISTICS

List all Persons Living in Unit

Name	Relationship	Sex	Age
	Head of Household		

List the gross income of all adult household members eighteen (18) years of age or older living in the unit (gross income is defined as income earned before taxes or other deductions).

Name	Employer/ Source of Income	Gross Income Monthly/Weekly/Hourly	# of Hours Per Week

Is anyone in the unit Physically Handicapped?

Yes

No

I (we) certify that the information contained on this form is true and complete to the best of my (our) knowledge.

Signature of Tenant

Date

Witness

Date