**[CITY/COUNTY OF (NAME)]**

**TENANT INFORMATION FORM
RELOCATION BENEFITS AND REPLACEMENT UNITS**

**DATE:

TENANT/OCCUPANT NAME:
PROPERTY ADDRESS:
UNIT NUMBER:
NUMBER OF BEDROOMS:
CURRENT HOUSEHOLD SIZE:**

# Income Limits for [Geographic Area] (2022)

|  |  |  |
| --- | --- | --- |
| **Household Size** | **Very Low Income** | **Low Income** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

**Circle which of the following applies (A or B):**

**A. The income of my household is equal to or is less than the 2022 low-income limits for .**

**B. The income of my household is greater than the 2022 low-income limits for :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Signed) (Dated)**

If your income is equal to or less than the 2022 low-income limits for [Geographic Area], and the applicants have already determined that your income is low income or very low income, no further verification will be required. If the [Project Name] applicants have not already determined that your income is low income or very low income, the [City/County] will contact you to arrange for an outside agency to verify your income.

**Please Return To:** [City/County Department Name]
Re: Replacement Unit Determination (SB 330)
[Street Number]
[City/County, California, Zip Code]