

## CITY OF PERRIS TBRA PROGRAM

## **Preliminary Eligibility Verification - Please Read, Sign, and Initial**

ame:		C	Contact No		Email:			_
Do you live in the lease see attached m	_	ed City of	Perris limi	ts? Yes:	No: _			
urrent Address:								
Does the income for	rom ALL A	ADULTS ii	n your hou	sehold exc	eed the ma	ximum an	ounts belo	w?
lease circle one)								
23 HCD HOME 60	% Income	Limits-Rive	erside Cour	ty Effectiv	e June 15, 2	2023		
Household Size	1	2	3	4	5	6	7	8
	1	\$44,760	\$50,340	\$55,920	\$60,420	\$64,920	\$69,360	\$73,860
Income	\$39,180	Ψ,, , σ σ						
Income	\$39,180	ψ,,σσ						
			cher Progra	m), or any	other feder	al funding	for rental su	ıbsidies,
Are you receiving S	Section 8 (C	Choice Vou	_	•	other feder	al funding	for rental su	ıbsidies,
Are you receiving s	Section 8 (C	Choice Vou	No:	_	other feder	al funding	for rental su	ıbsidies,
Are you receiving Syour rent currently Disabled: Anyone i	Section 8 (C subsided? N n Househol	Choice Voudes:d: Yes:	No:	_	other feder	al funding	for rental su	ıbsidies,
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Are you receiving Syour rent currently Disabled: Anyone in Please provide Hou Occupancy Standar	Section 8 (C subsided? Y n Househol sehold Size	Choice Vou Yes: d: Yes: e: met; how r	No: or No	- <b>:</b>			for rental su	ıbsidies,
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Are you receiving Syour rent currently Disabled: Anyone in Please provide Hou Occupancy Standar	Section 8 (C subsided? Y n Household sehold Size ds must be nt rent amou	Choice Vou Yes: d: Yes: e: met; how r int: Please	No: or No many bedro Read and Verificatio	ims are in the nand will	the unit: below need to be	reviewed	and appro	ved for

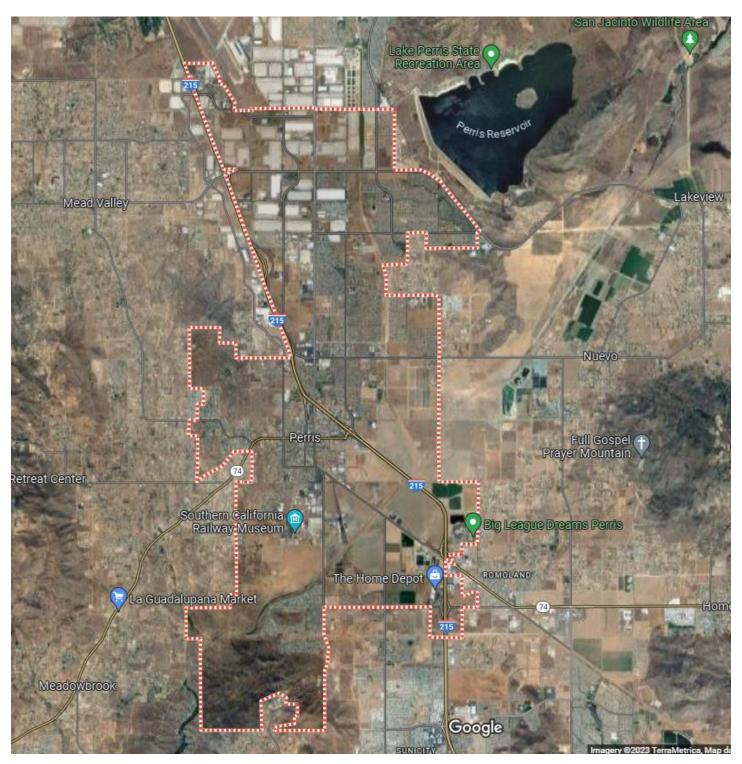


Yes, I understand that at the end of the year, 1099 will be mailed to my household. <b>Initial: Initial:</b>
10. I understand that an inspection and contracts are required. Initial: Initial:
11. I understand that assistance under the HOME Tenant-Based Rental Assistance Program is not guaranteed. Assistance may be terminated if: 1) At any re-examination the Tenant's income is greater than the published income limit for the program; 2) The Tenant is evicted from the assisted unit; 3) The Tenant provides false information or commits any fraud in connection with the program or fails to cooperative with required reexaminations; or 4) Funding for the City of Perris HOME Tenant-Based Rental Assistance Program is terminated. Initial:
Signature: Date:
Preliminary Eligibility Verification SUBMITTAL INFORMATION (PLEASE READ)  The preliminary Eligibility Verification form can be emailed to the Housing Authority Department at <a href="mailto:perrishousing@cityofperris.org">perrishousing@cityofperris.org</a> or Applications can be dropped off in person at:
City of Perris
Housing Authority 135 North D Street Perris, CA 92570
For more information about this program or if you have any questions about the preliminary Eligibility Verification Form, please contact Rebecca Rivera at 951-943-5003 ext. 496 or Carla Lopez at 951-943-5003 ext. 235 or
Your Contact for your Preliminary Eligibility:
OFFICE USE ONLY: Proceed With TBRA Application Yes: No:
Comments:
Staff:



## **MAP**

Any property outside the red outline is considered in the unincorporated area of Riverside County and not within the City of Perris limits. For information on any current Housing Assistance for the unincorporated area, please get in touch with Riverside County Housing Authority at 951-351-0700.





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