

Exhibit I-1	Chicago Low-Income Housing Trust Fund 2026-2027 Rental Subsidy Program Tenant Income Verification Form	SERVICE PROVIDER INFORMATION
		(To be Completed by the Service Provider)
		Special Initiative: _____
		Agency Name: _____
		Agency Staff Name: _____
All households benefiting from the Chicago Low-Income Housing Trust Fund's Rental Subsidy Program must certify and sign the tenant income verification form on an annual basis. Attach and submit documentation to support the household income (i.e. copies of tenant's three most recent paycheck stubs, award letters from Social Security Administration, award letters for child support or alimony benefits, and/or all other income sources - do not include SNAP payments). Each section of this form must be completed in its entirety. Should something not be applicable, please note "N/A" as the response. <i>All members of the household 18 years or older must provide certification of income.</i> If any such individual has no source of income, they must provide a <i>signed, dated and notarized</i> statement declaring that, as of the date of this income verification, they have no income.		Agency Staff Phone: _____
		Agency Staff Email: _____

Please Print or Type Information.

PART I. LEASE HOLDER AND BUILDING INFORMATION			
Name of Leaseholder / Tenant: _____			Type of Verification: Check One: ☐ Initial Certification (New Move-In) ☐ Recertification
Building Address: _____ Unit # _____			
Chicago, IL		ZIP: _____	
Tenant Phone: _____	Tenant Email: _____		# in Household: _____
Lease Start Date: _____	# Bedrooms: _____		Move-out Date: _____

PART II. HOUSEHOLD MEMBER INFORMATION											
List all occupants of the unit starting with the Head of Household (HH) and self-identify the demographic information* from the groupings. All household members regardless of age must be entered into the Trust Fund Central Landlord Portal.											
#	First name	Last name	DOB (mm/dd/yy)	Age	Gender*	Race *	Ethnicity *	Veteran	Living with a Disability	Race (Legend *) : 1-White 2-Black or African American 3-American Indian or Alaskan 4 Asian 5-Pacific Island or Native Hawaiian Ethnicity (Legend *) : 1-Hispanic or Latino 2-Non-Hispanic or Latino	Gender (Legend*) : M - Male F - Female T - Transgendered O - Other N/A - Decline to Provide
1HH											
2											
3											
4											
5											
6											
7											
8											
9											

* Please Note: Demographic information is for data collection purposes only. Demographic information will not be used to determine eligibility or acceptability.

Add additional sheets if needed.

Exhibit I-2	PART III. HOUSEHOLD GROSS ANNUAL INCOME AND ASSETS							
	TOTAL annual household income from all sources: \$ _____ Annual Income							
	MONTHLY INCOME:							
Specify All Sources of Income → (Note: Do not include SNAP Payments)	#	Household Member Name	Employment Job(s)	Public Aid	Social Security Benefits	Child Support / Alimony	Other (Specify)	Income from Assets*
Proof of Household Income: <i>(Please List the Documentation Attached)</i>	1HH							
	2							
	3							
	4							
	5							
	6							
Disclose Household Assets / Value: <i>(e.g., checking / savings account, stocks, bonds, etc.)</i>	7							
	8							
	9							
	Total:		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Income limits are based on the Chicago-Naperville-Joliet, IL HUD Metro Area (as adjusted by HUD). Effective May 1, 2026. Effective until superseded.				PART IV. DETERMINATION OF HOUSEHOLD ELIGIBILITY AND TRANSITIONAL ASSISTANCE			
				<i>For each question, please <u>Check Only One</u>.</i> 1. Is this a new Qualified Household? ☐ YES☐ NO 2. Does the household meet the Occupancy Requirements? <i>(See Def'n of Occupancy Requirements, RSA Page 3)</i> ☐ YES☐ NO 3. In which category is the household's income? <i>*New Households must be at-or-under 30% AMI to be eligible for initial tenancy.</i> ☐ Severely Low Income (1-15% AMI) ☐ Extremely Low Income (16-30% AMI) ☐ ELI+ (30-35% AMI) (not available for new households) ☐ Over-Income / Transitional (Over 35% AMI)			
Maximum 2025-26 Allowable Income Limits							
Household Size	Severely Low 0-15% AMI	Extremely Low 16-30% AMI	ELI+ 30-35% AMI				
1 person	\$12,765	\$25,530	\$29,785				
2 people	\$14,580	\$29,160	\$34,020				
3 people	\$16,410	\$32,820	\$38,290				
4 people	\$18,225	\$36,450	\$42,525				
5 people	\$19,695	\$39,390	\$45,955				
6 people	\$21,150	\$42,300	\$49,350				
7 people	\$22,605	\$45,210	\$52,745				
8 people	\$24,060	\$48,120	\$56,140				

PART V. CHANGES IN INCOME	
<u>The Tenant must immediately notify the Landlord, and the Landlord must immediately notify the Trust Fund if the Household's income changes (either up or down) during the term of the lease.</u> If an existing household's income exceeds the applicable AMI+ Limit (see chart above), the household may be eligible for Transitional Rental Assistance. Transitional Rental Assistance provides up to one-half of the prior subsidy benefit for up to one year. The amount and duration of Transitional Rental Assistance is determined by the Trust Fund Board of Directors. New/Incoming Households are not eligible for Transitional Assistance.	

PART VI. CERTIFICATION BY ALL PARTIES

I hereby certify that this information is true and correct to the best of my knowledge after due inquiry.

Head of Household Signature / Date	Preparer / Service Provider Signature / Date	Property Manager Signature / Date
--	--	---------------------------------------