



Department of Housing - 649 N. Fair Oaks Avenue, Suite 202, Pasadena, CA 91109-7215

**TENANT PROTECTION ORDINANCE (Chapter 9.75 PMC)**

**TENANT RELOCATION - CERTIFICATION OF INCOME AND FAMILY SIZE**

Please provide the following information (print or type):

- 1. Name of head of household: \_\_\_\_\_
- 2. Rental address: \_\_\_\_\_, Pasadena, CA 9\_\_\_\_
- 3. Total number of persons in the household: \_\_\_\_\_
- 4. Information on all adult household members (attach additional pages if needed):

| Name of Adult Household Member | Annual Income | Age |
|--------------------------------|---------------|-----|
|                                | \$            |     |
|                                | \$            |     |
|                                | \$            |     |
|                                | \$            |     |
| <b>TOTAL:</b>                  | \$            |     |

- 5. Names of children in household: \_\_\_\_\_
- 6. Does any household member have a documented disability?: \_\_\_\_\_
- 7. Household has lived in this rental unit since (date): \_\_\_\_\_

I, \_\_\_\_\_, as head of household, hereby certify  
(print or type name on this line)

that the information provided on this form is complete, true and correct, and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this form may result in civil liability and/or criminal penalties.

Signed and certified:

\_\_\_\_\_

Dated: \_\_\_\_\_, 2019