

RE-604
5/3/2017

STATE OF OHIO
DEPARTMENT OF TRANSPORTATION
TENANT CERTIFICATION
OF MONTHLY INCOME

County MUS
Route 376
Section 5.09
Parcel No 010-1
PID No. 115989

In order to obtain an estimate of monthly income for use in the Rent Supplement Determination, the Ohio Department of Transportation request that you complete the applicable items below. Information is requested about each member of the household receiving income from any source. There is room on this form to list the information about two employees. Additional forms are available if needed.

INCOME SOURCE:

	<u>Occupant #1:</u>	<u>Occupant #2:</u>	<u>Occupant #3:</u>
Monthly Employment:	_____	_____	_____
Tips or Gratuities:	_____	_____	_____
Public Assistance (AFDC, etc.):	_____	_____	_____
Alimony:	_____	_____	_____
Insurance (monthly benefit):	_____	_____	_____
Long Term Disability:	_____	_____	_____
Trusts (monthly benefit):	_____	_____	_____
Social Security & SSI:	_____	_____	_____
Retirement:	_____	_____	_____
Unemployment Compensation:	_____	_____	_____
	_____	_____	_____

TOTAL MONTHLY INCOME: _____

I/We certify that the income listed above is the total income, from all sources, for the person(s) listed below:

Signature: _____ Date: _____

Name: _____
(Please Print)

Signature: _____ Date: _____

Name: _____
(Please Print)

Signature: _____ Date: _____

Name: _____
(Please Print)

*Requested on multiple occasions
6/15, 7/12
9/18, 11/4/23
Thomas & Hope
both refused
[Signature]*