Tahoe Regional Planning Agency
Deed-Restricted Housing Program
Compliance Verification Form

This form is to be completed by the owner of the deed-restricted property. Please submit the completed form by email to monitoring@trpa.gov or by US Mail to TRPA, Attention: Long Range Planning Department, PO Box 5310, Stateline, NV 89449-5310.

PROPERTY OWNER NAME	First:	Last:	
PROPERTY OWNER CONTACT	Email Address:		Phone Number:

PROPERTY ADDRESS	Street:	City:	State:	Zip:
PROPERTY ASSESSORS PARCEL NUMBER (APN)	APN:	County:		

SECTION 1: HOUSEHOLD MEMBER INFORMATION

HOUSEHOLD MEMBER #1 **Head of Household**	First Name:	Last Name:	
	Occupation:		Over 18 years old: Yes ☐ No ☐
	Married or Domestic Partner: Yes ☐ No ☐	Dependent: Yes ☐ No ☐	In School: Yes ☐ No ☐

HOUSEHOLD MEMBER #2	First Name:	Last Name:	
	Occupation:		Over 18 years old: Yes ☐ No ☐
	Married or Domestic Partner: Yes ☐ No ☐	Dependent: Yes ☐ No ☐	In School: Yes ☐ No ☐
	Relationship to head of household:		

HOUSEHOLD MEMBER #3	First Name:	Last Name:	
	Occupation:		Over 18 years old: Yes ☐ No ☐
	Married or Domestic Partner: Yes ☐ No ☐	Dependent: Yes ☐ No ☐	In School: Yes ☐ No ☐
	Relationship to head of household:		

HOUSEHOLD MEMBER #4	First Name:	Last Name:	
	Occupation:		Over 18 years old: Yes ☐ No ☐
	Married or Domestic Partner: Yes ☐ No ☐	Dependent: Yes ☐ No ☐	In School: Yes ☐ No ☐
	Relationship to head of household:		

HOUSEHOLD MEMBER #5	First Name:	Last Name:	
	Occupation:		Over 18 years old: Yes ☐ No ☐
	Married or Domestic Partner: Yes ☐ No ☐	Dependent: Yes ☐ No ☐	In School: Yes ☐ No ☐
	Relationship to head of household:		

SECTION 2: HOUSEHOLD EMPLOYMENT
(HM = Household Member)

NOTE: For unemployed, self-employed or retired household members, please write "unemployed", "self-employed" or "retired" under the "Employer Name".

HM#	Employer Name	Employer Address	Seasonally Employed? (Yes/No)	Hours per week
1				
2				
3				
4				
5				

SECTION 3: HOUSEHOLD MEMBER GROSS ANNUAL INCOME
(HM = Household Member)

NOTE: Examples of "Other Income" can be income from investments, child support, alimony, withdraws from a retirement account, etc.

HM#	Gross Annual Income	Social Security/Pensions Received Annually	Public Assistance Received Annually	Other Income Received Annually
1	$	$	$	$
2	$	$	$	$
3	$	$	$	$
4	$	$	$	$
5	$	$	$	$
TOTAL	(a) $	(b) $	(c) $	(d) $
TOTAL GROSS ANNUAL INCOME [Add (a) through (d)]:			**$**	

SECTION 4: OCCUPANCY OF PROPERTY

OWNER OCCUPANCY: YES ☐ NO ☐
(May also include immediate family members only)

First Name:	Last Name:
Relation to the property owner:	Year-round occupancy? Yes ☐ No ☐
First Name:	Last Name:
Relation to the property owner:	Year-round occupancy? Yes ☐ No ☐
MONTHLY MORTGAGE PAYMENT $	

TENANT OCCUPANCY: YES ☐ NO ☐

Total number of occupants:	Number of occupants above 18 years old:	
Number of year-round occupants:	Number of seasonal occupants:	
Monthly rental rate: $	Are utilities included in rental rate? Yes ☐ No ☐	If yes, how much is the utility allowance? $

SECTION 5: REQUIRED DOCUMENTATION

EMPLOYMENT AND INCOME	For each household member of the household residing in the property: • Copies of the 3 consecutive and most recent paystubs; or • 1099; or • If hired recently, provide an Employment offer letter or award letter stating your gross annual income.
OCCUPANCY	If owner occupied: • Copy of most recent mortgage statement. If tenant occupied: • Copy of lease/rental agreement or most recent amendment reflecting the current rental rate and utility.

SECTION 6: TERMS AND CONDITIONS

All statements made in this application are true and made for the purpose of the Tahoe Regional Planning Agency (TRPA) Deed-Restricted Housing Compliance Program. Verification may be obtained from any source named in this form or another third party as necessary for compliance. I/We fully understand that if TRPA determines that I/we have provided false, misleading, or inaccurate information, TRPA may take appropriate enforcement action, including the assessment of civil penalties and pursuit of injunctive or other legal relief.

The information on this form will be used to determine program compliance. I/We have listed all persons in the household. I/We have provided each household member's acceptable verification of current annual gross income.

I/We understand that the TRPA Deed-Restricted Housing Compliance Program requires annual household income verification to confirm that the income limits and other terms of the deed restriction are being met.

I/We understand and agree that TRPA and/or its Deed-Restricted Housing Compliance Program Administrator reserves the right to verify information with third parties and to exchange such information as necessary to determine household program eligibility. Third parties may include, but are not limited to, employers, financial institutions, government agencies, property managers, credit reporting bureaus, etc.

Under penalty of perjury, I/We certify that the information presented in the Compliance Verification Form is true and accurate to the best of my/our knowledge and belief.

While TRPA seeks full compliance with the terms of the deed-restrictions, TRPA is also committed to a fair and human-centered approach to ensuring that deed-restricted properties are used as intended. In cases of non-compliance, TRPA will work with property owners and tenants on a case-by-case basis to ensure that tenants who may need to relocate have a reasonable amount of time to do so.

SECTION 7: SIGNATURES

HH 1 Printed Name	**Signature**	**Date**
HH 2 Printed Name	**Signature**	**Date**
HH 3 Printed Name	**Signature**	**Date**
HH 4 Printed Name	**Signature**	**Date**
HH 5 Printed Name	**Signature**	**Date**