

**EXHIBIT 4.30
 RELOCATION AND TENANT CHARACTERISTICS FORM**

Project Name: _____

Project Address: _____

* See below for codes to use when completing this form.

Tenant Name and Address	Number of Occupants	Race/Ethnic Code *	Sex of Head of Household	Age of Head of Household	Disabled **	Occupant s: Relationship by Sex and Age	Receive Sect 8? ***	Income Level ****	Income Source *****	Number of Bedrooms	Current Monthly Rent	Post-Rehab Rent

I certify that the above, are tenants of record as of this date. (Please note address or unit number for any vacant unit, including the number of bedrooms and the current rent being requested). *Add additional pages as necessary.*

 Signature of Owner/Manager

 Date

(1) RACE/ETHNIC CODES (*)

"B" = African American "H" = Hispanic "W" = White "A" = Asian/Pacific Islander/Alaskan Native "O" = Other

(2) DISABILITY CODES ()**

"H" = Hearing Impaired "V" = Visually Impaired "M" = Mobility Impaired

(3) SECTION 8 ASSISTANCE (*)**

If yes, please identify type: "V" = Voucher

(4) INCOME LEVELS (**)**

Area Median Income (AMI) Limits

CODE	Income Categories
"1"	Extremely Low (<30% AMI)
"2"	Very Low (≤ 50% AMI)
"3"	Low Income (≤ 60% AMI)
"4"	Lower (≤ 80% AMI)
"5"	Median Income (>100%AMI)

(5) INCOME SOURCE (***)**

Codes: "1" = Earned Income (Head of Household)
 "2" = Earned Income (Joint)
 "3" = Investment Income (Interest/Dividends)
 "4" = Earned Investment (Rental Income)
 "5" = Social Security
 "6" = Retirement Income (Other Pension/Annuities)
 "7" = Redistributed Income (Unemployment, Welfare, Disability, SSI)