

TENANT INCOME CERTIFICATION

Initial Certification
 Recertification
 Other _____

Effective Date: _____
 Move-in Date: _____
 (MM/DD/YYYY)

PART I. DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____
 Address: _____ Unit Number: _____ #Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Last 4 Digits of Social Security No. if applicable
1						
2						
3						
4						
5						
6						
7						
8						

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

Add totals from (A) through (D), above TOTAL INCOME (E): \$ _____

PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset

TOTALS: \$ _____

Enter Column (H) Total
 If over \$5,000 \$ _____ X Current Passbook Rate = (J) Imputed Income \$ _____
 Enter the greater of the total of Column (I) or (J): imputed income **TOTAL INCOME FROM ASSETS (K)** \$ _____

(L) Total Annual Household Income from All Sources [Add (E) + (K)] \$ _____

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full-time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1 \$

Designated Income Restriction:
 80% 70% 60%
 50% 40% 30%
 20% ___%

RECERTIFICATION ONLY:

Designated Income Limit x 140%: \$ _____

Current Income Limit per Family Size: \$ _____

Household Income at Move-in: \$ _____

Household Size at Move-in: _____

Household is over income at recertification:
 Yes No

PART VI. RENT

Tenant Paid Rent: \$ _____

Unit Meets Rent Restriction at:
 80% 70% 60% 50% 40%

Utility Allowance: \$ _____

30% 20% ___%

Rental Assistance: \$ _____

Other non-optional charges and mandatory fees: \$ _____

Gross Rent For Unit (See Instructions): \$ _____

Is the source of the Rental Assistance Federal? Yes No *If No, what is the source of the assistance?* _____
If Yes, identify the type of Federal Rental Assistance:

- | | |
|--|--|
| <input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA) | <input type="checkbox"/> HUD Housing Choice Voucher (HCV-tenant based) |
| <input type="checkbox"/> HUD Section 8 Moderate Rehabilitation | <input type="checkbox"/> HUD Project-Based Voucher (PBV) |
| <input type="checkbox"/> Public Housing Operating Subsidy | <input type="checkbox"/> USDA Section 521 Rental Assistance Program |
| <input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA) | <input type="checkbox"/> Other Federal Rental Assistance _____ |

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL-TIME STUDENTS?
 Yes No

If yes, enter Student Explanation* and attach documentation
 Enter 1-5

- *Student Explanation
1. TANF assistance
 2. Previously in state foster care system
 3. Job Training Program
 4. Single parent/dependent child
 5. Married/joint return

PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

- | | | | | |
|--|-------------------------------------|---|---|-----------------------------------|
| a. Housing Credit <input type="checkbox"/> | b. HOME <input type="checkbox"/> | c. Tax-exempt Housing Bond <input type="checkbox"/> | d. National HTF <input type="checkbox"/> | e. _____ <input type="checkbox"/> |
| See Part V above. | <i>Income Status</i> | <i>Income Status</i> | <i>Income Status</i> | <i>(Name of Program)</i> |
| | <input type="checkbox"/> ≤ 50% AMGI | <input type="checkbox"/> 50% AMGI | <input type="checkbox"/> 30%/Poverty line | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> ≤ 60% AMGI | <input type="checkbox"/> 60% AMGI | <input type="checkbox"/> 50% AMGI | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> ≤ 80% AMGI | <input type="checkbox"/> 80% AMGI | <input type="checkbox"/> OI** | <input type="checkbox"/> OI** |
| | <input type="checkbox"/> OI** | <input type="checkbox"/> OI** | | |

** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE _____ DATE _____