

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						

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

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

PART IV. ASSETS

PART IVA. INCOME FROM ASSETS - LESS THAN \$50,000

Total net value from both Non-necessary Personal Property (NNPP) and Real Property has been verified as **LESS** than \$50,000

Enter Total of **ACTUAL INCOME** earned from all Assets from the Asset Self Certification (Under \$50K) **(F)** | \$ _____

PART IVB. INCOME FROM ASSETS - GREATER/EQUAL TO \$50,000

Total net value from both Non-necessary Personal Property (NNPP) and Real Property has been verified as **EQUAL** to or **GREATER** than \$50,000

HH Mbr#	(G) Type of Asset	(H) C/D	(I) NNPP / Real	(J) Cash Value of Asset	(K) A/I	(L) Annual Income from Asset
Enter Total Income from all Assets (M)						\$ _____

PART V. TOTAL HOUSEHOLD INCOME

Total Annual Household Income from All Sources [Add (E) + (F) **OR** (E) + (M)] | \$ _____

HOUSEHOLD CERTIFICATION & SIGNATURE(S)

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 VI. DETERMINATION OF INCOME ELIGIBILITY

RECERTIFICATION ONLY:

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$ _____
From Part V. on Page 1

Designated Income Restriction:

Designated Income Limit x 140% (170% for Deep Rent Skewing): \$ _____

(Designated Income Limit: 20-50 properties use 50%; 40-60 properties use 60%; Average Income Test properties use 60% for all units with income designations that are 60% or lower and actual unit designation for units at 70% and 80%)

Current Income Limit per Family Size: \$ _____

80% 70%

60% 50%

40% 30%

Household Income at Move-in: \$ _____

20% _____%

Household is over income at recertification:

Household Size at Move-in: _____

Yes No

PART VII. RENT

Tenant Rent: \$ _____

Unit Meets Rent Restriction at:

Utility Allowance: \$ _____

80% 70%

Rental Assistance: \$ _____

60% 50%

Other non-optional / mandatory fees: \$ _____

40% 30%

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

20% _____%

Is the source of Rental Assistance Federal? Yes No

If No, what is the source of the assistance? _____

HUD Multi-Family Project-Based Rental Assistance (PBRA)

HUD Housing Choice Voucher (HCV-tenant based)

HUD Section 8 Moderate Rehabilitation

HUD Project-Based Voucher (PBV)

Public Housing Operating Subsidy

USDA Section 521 Rental Assistance Program

HOME Tenant Based Rental Assistance (TBRA)

Other Federal Rental Assistance _____

PART VIII. STUDENT STATUS

Are all occupants Full-Time Students?

If Yes, enter Student Explanation* and attach documentation

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

Yes No

Enter 1-5: _____

PART IX. 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.

a. Housing Credit

b. HOME

c. Tax-exempt Housing Bond

d. National HTF

e. _____

See Part VI above.

Income Status:

Income Status:

Income Status:

Income Status:

- ≤ 50% AMGI
- ≤ 60% AMGI
- ≤ 80% AMGI
- OI**

- ≤ 50% AMGI
- ≤ 60% AMGI
- ≤ 80% AMGI
- OI**

- 30%/Poverty Line
- ≤ 50% AMGI
- OI**

- _____%
- _____%
- 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)