

TENANT INCOME CERTIFICATION

Initial Certification
 Recertification
 Other* _____

Effective Date: _____
 Initial LIHTC Qualification Date: _____
 Move-in Date: _____

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	Last 4 Digits of Social Security No.
1					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	
2					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	
3					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	
4					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	
5					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	
6					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	
7					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> NA	

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 OR EQUAL TO IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP), Real Property, and Federal Tax Refunds/Credits has been verified as **LESS** than or **EQUAL** to the Imputed Income Limitation

Enter Total of **ACTUAL INCOME** earned from all Assets (F) **\$**

PART IVB. INCOME FROM ASSETS – GREATER THAN IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as **GREATER** than the Imputed Income Limitation.

HH Mbr#	(G) Type of Asset	(H) C/D	(I) NNPP / Real/ Tax Relief	(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

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$ From Part V. on Page 1 Current Income Limit per Family Size: \$ Household Income at Move-in: \$ Household Size at Move-in:	Designated Income Restriction: <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> ____%	RECERTIFICATION ONLY: Designated Income Limit x 140% (170% for Deep Rent Skewing): \$ _____ <i>(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%)</i> Household is over income at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

PART VII. RENT

Tenant Rent: \$ Utility Allowance: \$ Rental Assistance: \$ Other non-optional / mandatory fees: \$ Gross Rent for Unit (See Instructions): \$	Unit Meets Rent Restriction at: <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> ____%
Is the source of Rental Assistance Federal? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, what is the source of the assistance?</i> _____	
<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 VIII. STUDENT STATUS

Are all occupants Full-Time Students? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, enter Student Explanation* and attach documentation Enter 1-5: _____	Student Explanation: 1. FIP assistance 2. Previously in state foster care system 3. Job Training Program 4. Single parent/dependent child 5. Married/joint return
---	---	--

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 <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 VI above.	<i>Income Status:</i>	<i>Income Status:</i>	<i>Income Status:</i>	<i>Income Status:</i>
	<input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> 30%/Poverty Line <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> ____% <input type="checkbox"/> ____% <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.

Owner/representative Signature

Date

