|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Property Name:** | | | | | **Project #** |  | | | | **Unit Number:** | | |
| **Purpose of Self-Certification** | |  | | | |  | | | | | | |
| HOME Re-certification | | NHTF Re-certification | | | | LIHTC: Safe Harbor Test Only | | | | | | |
| **HOUSEHOLD COMPOSITION** | | | | | | | | | | | | |
| **Last Name** | **First Name** | | **Middle Initial** | **Relationship to Head of Household\*** | | **Race** | **Ethnicity** | **Disabled** | **Date of Birth** | | **F/T Student** | **Last 4 digits of SSN** |
| 1. |  | |  | H | |  |  |  |  | |  |  |
| 2. |  | |  |  | |  |  |  |  | |  |  |
| 3. |  | |  |  | |  |  |  |  | |  |  |
| 4. |  | |  |  | |  |  |  |  | |  |  |
| 5. |  | |  |  | |  |  |  |  | |  |  |
| 6. |  | |  |  | |  |  |  |  | |  |  |
| 7. |  | |  |  | |  |  |  |  | |  |  |

\*See instructions for guidance on filling out this Section.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)** | | | | | |  |
| **(A)**  **Employment  or Wages\*** | | **(B)**  **Soc. Security/ Pensions** | **(C)**  **Public Assistance** | **(D)**  **Total Income from Assets** | **(E) Other Income** | **Total**  **(A+B+C+D+E)** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| **Add totals from lines (1) through (7), above** | | | | TOTAL INCOME (F): | |  |
| \*See instructions for guidance on filling out this Section. | | | | | |  |
| HOUSEHOLD SELF RECERTIFICATION & SIGNATURE | | | | | |  |

The information on this form will be used to determine maximum income eligibility. I agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I certify that the information presented in this self-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.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Head of Household Signature |  | Date |

This form is to be used when a household is recertifying for one of the listed purposes only. No verification of the information provided is required unless the owner/management agent deems that a household may be over-income. Further information may be required at that time.

**Household Composition**

List all occupants of the unit. State each household member’s relationship to the head of household by using one of the following coded definitions:

**H** Head of Household

**S** Spouse

**A** Adult co-tenant

**O** Other family member

**C** Child

**F** Foster child(ren)/adult(s)

**L** Live-in caretaker

**N** None of the above

Enter the date of birth, student status and last four digits of the Social Security Number of each occupant. If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the re-certification document.

**Race:**

1 White

2 Black/African American

3 American Indian/Alaska Native

4 Asian

5 Native Hawaiian/Other Pacific Islander

6 Other

8 Choose not to respond

**Ethnicity:**

1 Hispanic or Latino

2 Not Hispanic or Latino

3 Chose not to respond

**Disabled\*:**

1 Yes

2 No

3 Chose not to respond

\*See Fair Housing Act for definition of handicap (disability) <http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201>

**Gross Annual Income**

Income is determined on the annual gross income a household anticipates it will receive during the next 12 month re-certification period. All household members age 18 and older, persons under the age of 18 who are treated as adults because they are the head of household, or co-head/spouse, and unearned income of minor children must be included in order to establish annual income. For each household member list their income by HH Member # the table at the top of Page 1.

|  |  |
| --- | --- |
| Column (A) | Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business. |
| Column (B) | Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc. |
| Column (C) | Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.) |
| Column (D) | Enter the anticipated annual income from assets (i.e. savings account balance multiplied by the annual interest. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. |
| Column (E) | Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household. |
| Total (A-E) | Total the household member’s total income from all sources in this column. |
| Total Income (F) | Add the total from the last column for all household members and enter on line F) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TENANT INCOME SELF-RECERTIFICATION** | | | Effective Date: | |  |
| HOME ONLY Re-Certification  LIHTC: Safe Harbor Test Re-Certification Only  National Housing Trust Fund (NHTF) Re-Certification | | | Move in Date: | |  |
| **DEVELOPMENT DATA** | | | | | |
| Property Name: |  | | | | |
| Project/Agreement # |  | LIHTC Only: (BIN #) | | IA | |
| HH Full Name |  | Unit # | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DETERMINATION OF CONTINUING INCOME ELIGIBILITY** | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: | | $ | | | *Household Meets Income Restriction\* at:* | | | | | | | | | | | Designated Income Limit x 140% (or 170% DRS) $       *(Units at 50% or below in Average Income Test properties use 60% for Designated Income Limit)*  Household Income exceeds 140% (or 170% DRS)at recertification?  Yes  No | | | | | | |
| Household Size at Move-in: | |  | | | 80%  70%  60%  50%  40%  Deep Rent Skew  30%  20%  % Other | | | | | | | | | | |
| Current Income Limit per Family Size: | | $ | | |
| Household Income at Move-in: | | $ | | |  | | | | | | | | | | |
| **UNIT RENT** | | | | | | | | | | | | | | | | | | | | | | |
| Tenant Paid Rent | | $ | | | | |  | Rent Assistance: | | | | | | | | | | | | $ | | |
| Utility Allowance | | $ | | | | |  | Other non-optional charges | | | | | | | | | | | | $ | | |
| GROSS RENT FOR UNIT\*\*: (Tenant paid rent + Utility Allowance & other non-optional charges) | | | | | | | | | | | | | | | | | | | | $ | | |
| Unit Meets Rent Restriction at: | | | 80% | | | 70% | | | 60% | | | 50% | | | | | 40% | | 30% | | | 20% |
| *\*\*HOME units must include rent subsidy in the gross rent*. | | | | | | | | | | | **Maximum Rent Limit for this unit:** $ | | | | | | | | | | | |
| **STUDENT STATUS –LIHTC ONLY** | | | | | | | | | | | | | | | | | | | | | | |
| Are all household members considered full-time students as defined by Section 42? | | | | | | | | | | | | | | | | | | Yes  No | | | | |
| **STUDENT STATUS –HOME/NHTF ONLY** | | | | | | | | | | | | | | | | | | | | | | |
| Are any household members considered students as defined by the Section 8 Student Rule? | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | | | | | | | | | | | | |  |  | | | | | | | | |
| **PROGRAM TYPE** | | | | | | | | | | | | | | | | | | | | | | |
| Mark the program(s) listed below (a. through d.) 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 recertification. | | | | | | | | | | | | | | | | | | | | | | |
| a.  LIHTC | b.  LIHTC Agency Covenants | | | *b.  HOME* | | | | | | c.  Tax Exempt Housing Bond | | | | | d.  National Housing Trust Fund | | | | | | f. Other | |
| See Part V above. | *Income Status*  ≤ 30% AMGI  ≤ 40% AMGI  ≤ 50% AMGI  OI**\*\*** | | | *Income Status*  ≤ 50% AMGI  ≤ 60% AMGI  ≤ 80% AMGI  OI\*\* | | | | | | Income Status 50% AMGI  60% AMGI  80% AMGI  OI**\*\*** | | | | | *Income Status*  ≤ 30% AMGI/  Poverty Line  ≤ 50% AMGI  OI**\*\*** | | | | | | *Income Status*        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 Self Certification of Income is/are eligible under the provisions of the Program under which they are governed, the Land Use Restriction Agreement (if applicable), and/or HOME Contract to live in a unit in this Project.   |  |  |  | | --- | --- | --- | |  |  |  | | Signature of Owner/Representative |  | Date | | | | | | | | | | | | | | | | | | | | | | | | |