|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Initial Certification  Recertification  Other | | | | | Effective Date: | |  | | |
| Move in Date: | |  | | |
| **PART I. DEVELOPMENT DATA** | | | | | | | | | |
| Property Name: | | | | Project # | |  | | BIN: IA- | |
| Address: |  | Unit # |  | County: | |  | | # Bedrooms |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART II. HOUSEHOLD COMPOSITION** | | | | | | | | | | |
| HH  Mbr # | 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 |  |  |  | Head |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)** | | | | | | | | | | | |
| HH  Mbr # | | (A)  Employment or Wages | | (B)  Soc. 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 | | |  | | Passbook Rate | | |  | | |  |
| If over $5000 | | | $ | | X 0.06% | | | = (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 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | **LIHTC RECERTIFICATION ONLY:** | | | | | | | | | |
| TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1 | | | $ | | | | | |  | | | 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 | | | | | | | | |
| Current Income Limit per Family Size: | | | $ | | | | | |  | | | 80%  70%  60%  50%  40%  Deep Rent Skew (DRS)  30%  20%  Other | | | | | |  |
|  | | |  | | | | | |
| Household Income at Move-in: | | | $ | | | | | |  | | | Household Size at Move-in: | | | | | | |  | | |
|  | | | | |  | | | | | | | | | | |  | |  | | | | | | | | | |
| **PART VI. RENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tenant Paid Rent | | | | $ | | | | | | |  | | | | |  | Rental Assistance *(if any)*: | | | $ |  | | | | | | |
| Utility Allowance | | | | $ | | | | | | |  | | | | |  | Rental Assistance Type *(if any)* | | |  | | | | | | | |
| Other non-optional charges: | | | | $ | | | | | | |  | | | | |  | Unit Meets Rent Restriction at:  80%  70%  60%  50%  40%  30%  20%  Other      % | | | | | | | | | | |
| GROSS RENT FOR UNIT\*: | | | | $ | | | | | | |  | | | | |  |
| *(Tenant paid rent plus Utility Allowance & other non-optional charges)* | | | | | | | | | | | | | | | |
| Maximum Rent Limit for this unit: | | | | $ | | | | | | |  | | | | |  |  | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | |  |  | | | | | | | | | | |
| **PART VII. STUDENT STATUS** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIHTC -*if applicable*: | | | | | | | | | | Are all Occupants full time students? | | | | | | | | | | | | | | | | Yes  No | |
| HOME or National Housing Trust Fund *-if applicable*: | | | | | | | | | | Are any household members students at an institute of higher learning? | | | | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | |
| **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.  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 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 | | | | |  | |  | | | | | | |  | |  | | |