U. S. Department of Housing And Urban Development

Office of Housing

OMB Approval Number 2502-0204 (Exp. 03/31/2014)

Federal Housing Commissioner Section A. Acknowledgements

Read this before you complete and sign this form HUD-50059

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household family members, have and use. Giving the SSNs of all family members is mandatory; unless exempted by 24 CFR 5.216, not providing the SSNs will affect your eligibility. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Tenant(s)' Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

	Certification Summary from Page 2 Unit Number Effective Date Certification Type Total Tenant Payment Assistance Payment Tenant Rent Tenant Signatures Date Other Adult Date Date Other Adult Date Date										
Name of Project		Certification Type									
Head of Household			Total Tenant Payment	Assistance Payment	Tenant Rent						
Head of Household		Date									
Spouse / Co-Head	Date	Oth	er Adult		Date						
Other Adult	Date	Oth	er Adult	Date							
Other Adult	Date	Oth	er Adult	Date							
Other Adult	Date	Other Adult									
Other Adult	Date	Oth	er Adult	Date							
Other Adult	Date	Oth	er Adult	Date							
	Owner/Age	nt S	ignature								
Owner/Agent					Date						
Check this box if Tenant is unable to sign for	a legitimate reason				Anticipated Voucher Date						

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

U. S. Department of Housing And Urban Development

For Personal Records ONLY - not for Submission to the Federal Government

Office of Housing

Record for Landlords (Exp. 03/31/2014)

and	i Keni Procedu	163					Fede			sing Commi	ssione	er					c 10r La (p. 03/31	
					Se	ctior	ו Β .	Sum	ma	ary Inform	atior	ı						
2. 3. 4. 5. 6. 7. 8. 9. 10.	Project Name Subsidy Type Secondary Subsidy Typ Property ID Project Number Contract Number Telecom Address Plan of Action Code HUD-Owned Project? FIPS County Code Previous Housing Code	Section B. Summary Information13. Effective Date23. Unit Number14. Anticipated Voucher Date24. No. of Bedrooms15. Next Recertification Date25. Building ID16. Project Move-In Date26. Unit Transfer Co17. Unit Move-In Date29. Basic Rent18. Certification Type30. Market Rent19. Action Processed31. Contract Rent20. Correction Type32. Utility Allowance21. Cert. Correction Date33. Gross Rent									ooms er Code lit No. posit t nt	e						
12.	Displacement Status								·									
							T	Hous	sen	old Inform	1	n 44.	_	45	46.	47	40	49.
34. No.	35. Last Name		36. t Name		87. 38. 39. 40 MI Rel. Sex Rac				41. Eth.	42. 43. Birth Special S Date Status S		alStuden	ent ID Code Eli	Elig. Code	ig. Alien Reg.	48. Age at Cert.		
01 02 03 04 05 06 07 08																		
50. Family is Mobility Impaired?53. Number of Fa51. Family is Hearing Impaired?54. Number of No52. Family is Visually Impaired?55. Number of De56. Number of Eli56. Number of Eli									Members 57. Expected Family Addition - Adoption 58. Expected Family Addition - Pregnancy 59. Expected Family Addition - Expecter Children									
61	. Previous Head Last Na . Previous Head First Na . Previous Head Middle	ame Initial										64. Prev	/ious	Effective D Head ID Head Birth				
	Section D.	Income	e Inform	atio	n						Sect	tion E.	As	set Info	rmat	ion		
66 Mbi No	Income Type C	ode	68. Amoun	ıt		69. 75. 76. SSN Benefits Mbr. Description Claim No. No.					77 Stat		78. Cash Valu	e A	79. ctual Yearly Income	80. Date Divested		
	70. Total Employ 71. Total Pensio 72. Total Public	n Income Assistance								81. Cash 82. Actual 83. HUD F	Incom Passbo	e from A ok Rate	Asset					
	73. Total Other I 74. Total Non-As		9	Sec	tion	F. 4	Allow	vanco	es é	84. Impute 85. Asset & Rent Ca	Incom	e	1 Ass	ets				
Section F. Allow86. Total Annual Income97. Deduction f87. Low Income Limit98. Child Care88. Very Low Income Limit99. Child Care99. Current Income Status100. 3% of Incom91. Eligibility Universe Code102. Disability E93. Income Exception Code103. Medical Exp94. Police / Security Tenant?106. Total Deduce95. Survivor of Qualifier?107. Adjusted Ar96. Household Assistance Status107. Adjusted Ar							Care E Care E Incom ity Ex ity De al Exp al Dec Fam Deduct	Expense Expense eduction ense luction ily Dec tions	se (v se (s n lucti	vork) school) ion		109 110 111 112 113). Ten). Util . Ass 2. We 8. Har	al Tenant F nant Rent ity Reimbu sistance Pa Ifare Rent rdship Exe iver Type C	rseme ayment mption	ent t		

Previous versions of this form are obsolete. This form also replaces HUD-50059-D, -E, -F, & -G. form **HUD-50059** (03/2011) HB 4350.3 Rev 1

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

U. S. Department of Housing And Urban Development

Office of Housing Federal Housing Commissioner

Record for Landlords (Exp. 03/31/2014)

Name of Project	Unit Number	Effective Date	Certification Type							
Head of Household	Total Tenant Payment	Assistance Payment	Tenant Rent							
Continuation Page: Use only when household members, income or asset items exceed the space allowed on page 2										
Section C. Household Information										

											·			-		
34. No.	35. Last Name	Fin	36. st Name	37. MI	38. Rel.	39. Sex	40 Rad	. 4 ce Et	I. 42. Birth Date	43. Specia Status	44. I Student Status	45. ID Code (SSN)	46. Elig. Code	47. Alien Reg. Number	48. Age at Cert.	49. Work Codes
			e Informatio	on								Asset Info	ormat			
66. Mbr. No.	67. Income Type C	ode	68. Amount		SN E Claii	9. Bene m No	fits	75. Mbr. No.	7 Desc	6. iption	77. Statu	78. S Cash Valu	_{le} A	79. Actual Yearly Income	80 Da Dives	te