

# HUD LIHTC Tenant Data Collection Form

OMB Approval No. 2528-0165 (Exp. 05/31/2013)

<b>HUD LIHTC Tenant Data Collection Form</b> <input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other _____	Effective Date: _____ Move-in Date: _____ <div style="text-align: right; font-size: small;">(MM/DD/YYYY)</div>
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PART I - DEVELOPMENT DATA		
Property Name: _____	County: _____	BIN #: _____
Address: _____	Unit Number: _____	Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION										
<input type="checkbox"/> Vacant Unit										
HH Mbr #	Last Name	First Name	Middle Initial	Relationship to Head of Household	Race	Ethnicity	Disabled?	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Last 4 Digits of Social Security No.
1										
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
<b>TOTALS</b>				
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
<b>TOTALS</b>				
Enter Column (H) Total		Passbook Rate		= (J) Imputed Income
If over \$5000 _____		X 2.00%		
Enter the greater of the total of column I, or J: Imputed Income			<b>TOTAL INCOME FROM ASSETS (K)</b>	
<b>(L) Total Annual Household Income from all Sources [Add (E) + (K)]</b>				

Effective Date of Income Certification: \_\_\_\_\_  
Household Size at Certification: \_\_\_\_\_

PART V. DETERMINATION OF INCOME ELIGIBILITY		
TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) <span style="border: 1px solid black; display: inline-block; width: 60px; height: 30px; vertical-align: middle;"></span>	Household Meets Income Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> ____%	<b>RECERTIFICATION ONLY:</b> Current Income Limit x 140%: <hr/> Household Income exceeds 140% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income Limit per Family Size: _____		
Household Income at Move-in: _____		Household Size at Move-in: _____

<b>PART VI. RENT</b>	
Tenant Paid Rent _____ Utility Allowance _____	Rent Assistance: _____ Other non-optional charges: _____
GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges) <div style="border: 2px solid black; width: 100px; height: 30px; display: inline-block; vertical-align: middle;"></div>	Unit Meets Rent Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> _____%
Maximum Rent Limit for this unit: _____	

<b>PART VII. STUDENT STATUS</b>		
ARE ALL OCCUPANTS FULL TIME STUDENTS?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Enter student explanation*  <div style="border: 1px solid black; width: 80px; height: 30px; margin: 0 auto;"></div>	*Student Explanation: 1 TANF assistance 2 Job Training Program 3 Single parent/dependent child 4 Married/joint return 5 Previous Foster Care

<b>PART VIII. PROGRAM TYPE</b>				
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. Tax Credit <input type="checkbox"/>	b. HOME <input type="checkbox"/>	c. Tax Exempt <input type="checkbox"/>	d. AHDP <input type="checkbox"/>	e. _____ <small>(Name of Program)</small>
See Part V above.	Income Status <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	Income Status <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	Income Status <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	Income Status _____ _____ _____
** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.				

## Instructions

### Part I - Development Data

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, designate the purpose of the recertification (i.e., a unit transfer, a change in household composition, or other state-required recertification).

Effective Date: *Enter the effective date of the certification.*

Move-in Date: *Enter the date the tenant has or will take occupancy of the unit.*

Property Name: *Enter the name of the development.*

County: *Enter the county in which the building is located.*

BIN #: *Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609).*

Address: *Enter the address of the building.*

Unit Number: *Enter the unit number.*

# Bedrooms: *Enter the number of bedrooms in the unit.*

### Part II - Household Composition

Vacant Unit: *Check if unit was vacant on December 31 of requesting year. "1"=yes; "2"=no*

Name: *List first name, middle initial and last name of all occupants of the unit.*

Relationship to Head of Household: *Enter 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); L – Live-in caretaker; or N – None of the above.*

Race: *Enter each household member's race by using one of the following coded definitions: 1 – White; 2 – Black/African American; 3 – American Indian/Alaska Native; 4 – Asian; or 5 – Native Hawaiian/Other Pacific Islander.*

Ethnicity: *Enter each household member's ethnicity by using one of the following coded definitions: 1 – Hispanic or Latino; 2 – not Hispanic or Latino.*

Disabled?: *Check yes ("1"=yes; "2"=no) if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):*

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at [http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201).
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

The housing credit agency administering its low-income housing credit program must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the housing credit agency shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate."

Date of Birth: *Enter each household member's date of birth in the following format: MM/DD/YYYY.*

Student Status: *Enter Yes if the household member is a full-time student or No if the household member is not a full-time student. "1"=yes; "2"=no*

Last Four Digits of Social Security Number: *For each tenant over 18 years of age, enter the last four digits of the social security number or the last four digits of the alien registration number. If tenant does not have a social security or alien registration number, please enter the numerical birth month and last two digits of birth year (e.g. if no SSN or alien registration number and the tenant's birthday is January 1, 1970, enter "0170").*

### Part III - Annual Income

**See HUD Handbook 4350.3 for complete instructions on verifying and calculating income, including acceptable forms of verification.**

From the third party verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

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 annual amount of alimony, child support, unemployment benefits or any other income regularly received by the household.*

Line (E): *Add the totals from columns (A) through (D), above. Enter this amount.*

**Part IV - Income from Assets**

**See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.**

From the third party verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

Column (F): *List the type of asset (i.e., checking account, savings account, etc.)*

Column (G): *Enter C (for current, if the family currently owns or holds the asset), or I (for imputed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification.*

Column (H): *Enter the cash value of the respective asset.*

Column (I): *Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).*

TOTALS: *Add the total of Column (H) and Column (I), respectively.*

If the total in Column (H) is greater than \$5,000 you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by 2% and enter the amount in (J), Imputed Income.

Box (K): *Enter the greater of the total in Column (I) or (J).*

Box (L): *Total Annual Household Income From all Sources. Add (E) and (K) and enter the total.*

Effective Date of Income Certification: *Enter the effective date of the income certification corresponding to the total annual household income entered in Box L. If annual income certification is not required, this may be different from the effective date listed in Part I.*

Household Size at Certification: *Enter the number of tenants corresponding to the total annual household income entered in Box L. If annual income certification is not required, this may be different from the number of tenants listed in Part II.*

**Part V – Determination of Income Eligibility**

Total Annual Household Income from all Sources: *Enter the number from item (L).*

Current Income Limit per Family Size: *Enter the Current Maximum Move-in Income Limit for the household size.*

Household income at move-in: *For recertifications, only, enter the household income from the move-in certification.*

Household size at move-in: *For recertifications only, enter the household income from the move-in certification. On the adjacent line, enter the number of household members from the move-in certification.*

Household Meets Income Restriction at: *Check the appropriate box for the income restriction that the household meets according to what is required by the set-aside(s) for the project.*

Current Income Limit x 140%: *For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% of the current income limit, then the available unit rule must be followed.*

**Part VI - Rent**

Tenant Paid Rent: *Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).*

Rent Assistance: *Enter the amount of rent assistance, if any.*

Utility Allowance: *Enter the utility allowance. If the owner pays all utilities, enter zero.*

Other non-optional charges: *Enter the amount of non-optional charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.*

Gross Rent for Unit: *Enter the total of Tenant Paid Rent plus Utility Allowance and other non-optional charges.*

Maximum Rent Limit for this unit: *Enter the maximum allowable gross rent for the unit.*

Unit Meets Rent Restriction at: *Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project.*

**Part VII - Student Status**

If all household members are full time\* students, check "yes". If at least one household member is not a full time student, check "no". ("1"=yes; "2"=no)

If "yes" is checked, the appropriate exemption must be listed in the box to the right.

*\*Full time is determined by the school the student attends.*

**Part VIII – Program Type**

Mark the program(s) 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. If the property does not participate in the HOME, Tax-Exempt, Affordable Housing Disposition Program (AHDP) or other housing program, leave those sections blank.

*Tax Credit: Mark the appropriate box indicating the household's designation. If the property does not have any occupancy requirements in addition to those required by Section 42, mark the box that corresponds to the property's minimum set aside. Upon re-certification, if the household's income exceeds 140% of the income limitation imposed by Section 42, mark "OI".*

*HOME: If the property participates in the HOME program and the unit this household will occupy will count towards the HOME program set asides, mark the appropriate box indicating the household's designation.*

*Tax Exempt: If the property participates in the Tax Exempt Bond program, mark the appropriate box indicating the household's designation.*

*AHDP: If the property participates in the Affordable Housing Disposition Program (AHDP) program, and this household's unit will count towards the set aside requirements, select the appropriate box to indicate if the household is a VLI, LI or OI (at re-certification) household.*

*Other: If the property participates in any other affordable housing program, complete the information as appropriate.*

**PUBLIC BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 4 hours for each response. This includes the time for collecting, reviewing, and reporting the data. The information will be used to measure the number of units of housing financed with the Low-Income Housing Tax Credit (LIHTC) that are produced each year. The information will also be used to analyze the characteristics of these housing units, and will be released to the public. This agency (HUD) may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.