

Tenant Income Certification



<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> 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):

\$	
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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) \$ _____ <i>(Units at 50% or below in Average Income Test properties use 60% for Designated Income Limit)</i>
Current Income Limit per Family Size:	\$ _____	<input type="checkbox"/> 80% <input type="checkbox"/> 70%	Household Income exceeds 140% (or 170% DRS)at recertification? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> 60% <input type="checkbox"/> 50%	
		<input type="checkbox"/> 40% <input type="checkbox"/> Deep Rent Skew (DRS)	
		<input type="checkbox"/> 30% <input type="checkbox"/> 20%	
Household Income at Move-in:	\$ _____	<input type="checkbox"/> Other _____	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:
GROSS RENT FOR UNIT*: \$	<input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
<i>(Tenant paid rent plus Utility Allowance & other non-optional charges)</i>	<input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> Other _____%
Maximum Rent Limit for this unit: \$ _____	

PART VII. STUDENT STATUS

LIHTC -if applicable:	Are all Occupants full time students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOME or National Housing Trust Fund -if applicable:	Are any household members students at an institute of higher learning?	<input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> LIHTC	b. <input type="checkbox"/> LIHTC Agency Covenants	b. <input type="checkbox"/> HOME	c. <input type="checkbox"/> Tax Exempt Housing Bond	d. <input type="checkbox"/> National Housing Trust Fund	f. Other _____
See Part V above.	<i>Income Status</i>	<i>Income Status</i>	<i>Income Status</i>	<i>Income Status</i>	<i>Income Status</i>
	<input type="checkbox"/> ≤ 30% AMGI	<input type="checkbox"/> ≤ 50% AMGI	<input type="checkbox"/> 50% AMGI	<input type="checkbox"/> ≤ 30% AMGI/ Poverty Line	<input type="checkbox"/> _____
	<input type="checkbox"/> ≤ 40% AMGI	<input type="checkbox"/> ≤ 60% AMGI	<input type="checkbox"/> 60% AMGI	<input type="checkbox"/> ≤ 50% AMGI	<input type="checkbox"/> _____
	<input type="checkbox"/> ≤ 50% AMGI	<input type="checkbox"/> ≤ 80% AMGI	<input type="checkbox"/> 80% AMGI	<input type="checkbox"/> OI**	<input type="checkbox"/> _____
	<input type="checkbox"/> OI**	<input type="checkbox"/> OI**	<input type="checkbox"/> OI**		<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.

SIGNATURE OF OWNER/REPRESENTATIVE

Date