

TENANT INCOME CERTIFICATION FOR THE KANSAS HOUSING TAX CREDIT PROGRAM

Each applicant applying for Section 42 housing in Kansas must have the household's income, asset and student information recorded on the Kansas tenant income certification. Each question should be answered. Do not leave any questions blank.

Property Name: _____ Unit Number: _____ Bedroom Type: _____
 Procorem Property Building Identification Number: _____ Number: _____

Tenant Paid Rent: \$ _____	Subsidy: \$ _____	Utility Allowance: \$ _____	Additional Authorized Monthly Charges \$ _____	Total Tenant Paid Rent: (TPR+U/A=TTPR) \$ _____	HUD Max Allowable Rent/FMR (per LURA) requirement: \$ _____
Initial Certification: Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, effective date of this Cert: (Must be the initial lease date. Acq/Rehab effective dates may differ slightly) _____		
Recertification: Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, effective date of this Recert: _____		

Additional Information for HOME and Housing Trust Fund (HTF)

Is this a HOME or HTF unit? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, total rent amount: (Rent+U/A+Subsidy = Total Rent) \$ _____	HOME/HTF Allowable Rent (list both amounts if both programs apply): HOME: \$ _____ HTF: \$ _____
Property Completion Date: (Per IDIS) _____	Do any household members 18 or older attend school PART or FULL time? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, complete the HOME/HTF Certification of Student Status for each student household member. *See page 5.

A. Household Information

	Head	Co-Head	Member	Member	Member	Member	Member
Last Name							
First Name							
Relationship							
Male/Female							
Current Age							
SSN							
Birth date							
Full or Part Time Student (Write Yes/No & FT/PT)							
Marital Status (Single, Married, Divorced, Separated or Widowed)							
Disabled (Write Yes/ No)							
*Race							
*Ethnicity							

*NAHMA Standard Race Table: A = Asian, AI = American Indian/Alaskan Native, B = African American, NA = Not Available, NH = Native Hawaiian/Pacific Islander, O = Other, W = White

*NAHMA Standard Ethnicity Table: Y = Hispanic including C = Cuban, MAC = Mexican, Mexican American, Chicano/a, O = Another Hispanic, Latino/a, or Spanish Origin; N = Not Hispanic

B. Household Member

Total Number of Household Members Expected to occupy the unit during the next 12 Months.
(You may include an unborn child(ren) if you are currently pregnant): _____

C. Students (Tax Credit only) *HOME and HTF programs follow different student rules.

Are ALL members in the household full-time students? Yes No

If the answer is “yes,” under which student exception named below is the household qualifying?
(a , b , c , d , e)

- a. At least one member of the household is a single parent with minor child(ren), and both the parent and children are not dependents of a 3rd party, and the children are only claimed by a parent.
- b. At least one member of the household is married and eligible to file a joint tax return.
- c. At least one member of the household receives assistance under Title IV of the Social Security Act, (or TAFF).
- d. At least one member of the household is enrolled in a job training program receiving assistance under the Job Training Partnership Act, or similar federal, state or local laws.
- e. At least one member of the household was previously in foster care.

D. Household Income Information

Complete questions 1-15 below, and then list all pertinent sources of income on the chart. (Do not include income from assets. Assets are handled under Section “E”).

	Yes	No
1. Are any of the occupants receiving Federal rental assistance through a Section 8 Certificate/Voucher, Rural Housing or Tenant Based Rental Assistance program?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, what is the subsidy amount? \$_____

- | | | |
|--|--------------------------|--------------------------|
| 2. Is any member of your household employed full-time, part-time, or seasonally? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does any member of your household not currently employed expect to work for any period during the next twelve (12) months? (Persons 18 yrs. and older) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does any member of your household work for someone who pays them in cash or who earns tips? (Persons 18 yrs. and older) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is any member of your household absent from work due to lay-off, medical, maternity, military leave, workman’s comp, or private disability payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does anyone in your household now receive or expect to receive unemployment benefits?
Now receives <input type="checkbox"/> Expects to receive <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does any member of your household now receive or expect to receive child support?
Now receives <input type="checkbox"/> Expects to receive <input type="checkbox"/>
Currently Court Ordered <input type="checkbox"/> Court Order Case Number(s): | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is any member of your household entitled to receive child support that he/she is not now getting?
Court Ordered <input type="checkbox"/> Court Order Case Number(s):
Not Court Ordered <input type="checkbox"/> Family Services Involved <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does any member of your household now receive or expect to receive alimony?
Now receives <input type="checkbox"/> Expects to receive <input type="checkbox"/>
Currently Court Ordered <input type="checkbox"/> Court Order Case Number(s): | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is any member of your household entitled to alimony that he/she is not now getting?
Court Ordered <input type="checkbox"/> Court Order Case Number(s):
Not Court Ordered <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does any member of your household receive or expect to receive monetary welfare assistance other than Food Stamps? Now receives <input type="checkbox"/> Expects to receive <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Does any member of your household receive or expect to receive social security or SSI benefits?
 Now receives Expects to receive
13. Does any member of your household receive or expect to receive income from a pension or annuity? Now receives Expects to receive
14. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?
15. Does anyone in the household receive mineral rights royalties/payments?
16. Does anyone in the household receive periodic payments for Blood/Plasma/Other donations or research studies?
17. Is any member of your household receiving Section 8 assistance and also receiving tuition assistance in the form of grants or scholarships?

<i>Tenant</i>	<i>Source of Income</i>	<i>Annual Amount (\$)</i>

*The **Total Gross Annual Income** from above is: \$ _____

E. Household Asset Information

Please check yes or no to the following questions regarding assets. Checking “yes” indicates you have the asset and checking “no” indicates you do not have the asset. After answering the questions, complete the chart below.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does anyone in the household have a checking account? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does anyone in the household have a savings account? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does anyone in the household have Certificates of Deposit (CDs)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does anyone in the household have stocks or bonds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does anyone in the household have IRA’s or Other Retirement Funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does anyone in the household have Mutual Funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does anyone in the household have Trust Accounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does anyone in the household have personal property held as an investment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does anyone in the household have Life Insurance? (<i>Whole or Universal</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does anyone in the household have real estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the real estate for sale or for rent? | <input type="checkbox"/> | <input type="checkbox"/> |

11. Do you have any assets you disposed of *For Less Than Fair Market Value* within the last 2 years? Please list them here:

12. Do you have any other current assets (cash on hand)? Please list them here:

13. Are any of these assets or income sources listed above being deposited onto a pre-paid debit card?

(Direct Express, ReliaCard, NetSpend, Citi Bank, Etc)

If yes, please list card type(s) here and provide verification documentation:

<i>Tenant</i>	<i>Type of Asset/Financial Institution</i>	<i>Percent of Ownership</i>	<i>Value of Asset (\$)</i>	<i>Annual Interest or Dividend Percentage</i>	<i>Actual Annual Income generated by the Asset</i>	<i>Disposed of for Less than Fair Market Value?</i>
Total Actual Income						

F. Total Income

Total Imputed Income: If the Total Value of all Assets exceeds \$5,000 multiply the Total Value of Assets by .06% and list the amount here:

Note: If the total amount does not exceed \$5,000 just put zero (0) \$ _____

Compare the “Actual” amount in the chart to the “Imputed” amount above, and add the greater of imputed or actual asset income to the **Total Gross Annual Income** from Part E (*), page 3. Write the answer in the space below:

Total Anticipated Gross Annual Household Income (including assets): \$ _____

Maximum Allowed for this household size per the Income/Rent Chart: \$ _____
(Current Year Maximum by County)

Maximum Allowed for this household size per the Income/Rent Chart: \$ _____
(140% of annual for all recertifications)

For HOME Units ONLY: 80% of AMGI for Current Year: \$ _____
(Action required if over 80%)

***Note to management:** Please include a calculation tape or calculation worksheet explaining the method used to determine the annual household income amount.

G. Assets of \$5,000 or Less Certification

I hereby certify that my household’s total combined assets do not exceed \$5,000 and the actual income we expect to earn from our assets for the certification year is: \$ _____

H. Recertification

In signing this income certification, I/we understand that in accordance with Section 42 regulations regarding recertification/annual household certification update (Sample Form #18), I/we will be required to complete another certification within the next 12 months and within each 12 month period thereafter, and that failure to do so will jeopardize my/our ability to continue living at this housing development.

I. Signatures

I/We certify under penalty of perjury that all information I/we provided for the purpose of completing this form is true and complete to the best of my/our knowledge and belief. I/We understand that willful misrepresentation of any information provided herein constitutes fraud and may be dealt with in a Court of Law.

Tenant Signature Date

Co-Tenant Signature Date

Co-Tenant Signature Date

Co-Tenant Signature Date

Manager’s Signature Date

Please do not sign initial KTIC more than five (5) days in advance of the initial lease date.

J. Special Household Information

Please indicate what requirement(s) of the Restrictive Use Covenant (RUC) and/or Loan Agreement the household satisfies:

20% AMGI Household

30% AMGI Household

40% AMGI Household

50% AMGI Household

60% AMGI Household

70% AMGI Household

80% AMGI Household

140% AMGI Household

Homeless Tenant

Disabled Tenant

Elderly Unit

Family Unit

Handicap Equipped Unit

Floating HTF Unit

Fixed HTF Unit

Floating HOME Unit

Fixed HOME Unit

High HOME Unit

Low HOME Unit

*Disclaimer: The Housing Trust Fund Final Rule has yet to be published. Some program requirements are subject to change.

<i>Asset Description or Type of Asset</i>	<i>Percent of Ownership</i>	<i>Value of Asset (\$)</i>	<i>Annual Interest or Dividend Percentage</i>	<i>Actual Income generated by the Asset (\$--in dollar value)</i>	<i>Disposed of for Less than Fair Market Value?</i>
<i>Total Actual Income</i>					

K. Additional Asset Information (use this page only if needed; copy as necessary)