

TENANT INCOME CERTIFICATION

Property Name: _____ Unit # _____

(Transfer from Unit # _____)

Tax Credit #: _____ HOME #: _____ FDIC# _____

Effective Date: _____

PART I: HOUSEHOLD COMPOSITION AND INCOME
(To be completed by owner/manager)

Ending Date: _____

A. Household Composition - (List all members in household including minors)

1. Name (Last, First)	Age	2. Total # of Persons in Household	3. (For LIHTC Properties Only) # of Full-Time Students in Household
A. _____	_____		
B. _____	_____		
C. _____	_____		
D. _____	_____		

If Box 2 = Box 3, then student certification must be attached

B. Asset Information

Household Member	Asset Description	Total Cash Value	Income from Assets
A.			
B.			
C.			
D.			
4. Total Net Value of Assets		4. \$	
5. Total Actual Asset Income			5. \$
6. If line 4 is greater than \$5,000, multiply line 4 by passbook savings rate and enter result here; otherwise, leave blank. Passbook savings rate = _____%			6. \$

C. Annual Income Information

Household Member	a. Wages/Salaries	b. Benefits/Pensions	c. Public Assistance	d. Other Income	e. Asset Income
A.					Enter the greater of lines 5 or 6 in Box e.
B.					
C.					
D.					
7. Totals	a.	b.	c.	d.	e.

8. Enter total of items 7a. through 7e. This is Annual Income.	8. \$
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WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

Unit #: _____ Household Name: _____ Annual Income: _____

PART II: HOUSEHOLD CERTIFICATION

I/We certify that the information presented in Part I of this form is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information to the Federal or State agency with oversight of the program(s), and to the Louisiana Housing Finance Agency in its capacity to monitor the property's compliance with applicable program requirements. I/We understand that this certification is part of the application process and does not guarantee occupancy.

_____	_____	_____	_____
<i>(Signature - Head of Household)</i>	<i>(Date)</i>	<i>(Signature - Co-Head of Household)</i>	<i>(Date)</i>
_____	_____	_____	_____
<i>(Signature - Household Member over 18)</i>	<i>(Date)</i>	<i>(Signature - Household Member over 18)</i>	<i>(Date)</i>

PART III: ELIGIBILITY DETERMINATION

A. Type of Certification

~ Initial Certification ~ Recertification
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B. Applicable Programs and Income Status

Mark the program(s) listed below (a. through d.) 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 ~ <i>Income Status</i> ~ Income Eligible ~ ≤ 50% AMI ~ ≤ 60% AMI ~ Over Income**	b. HOME ~ <i>Income Status</i> ~ ≤ 50% AMI ~ ≤ 60% AMI ~ ≤ 80% AMI ~ Over Income**	
** Upon recertification, this household was determined to be over-income according to the eligibility requirements of the program(s) marked above.		

C. Unit Information

a. Tenant Paid Rent: _____	b. No. of Bedrooms: _____
c. Housing Assistance Payment: _____	d. Move-in Date: ____/____/____
e. Utility Allowance (U.A.): _____	f. Source of U.A.: <u>PHA/RD/HUD/Local Est.</u>

PART IV: OWNER CERTIFICATION

I have verified the information presented in Part I of this form is in accordance with the requirements of the programs(s) marked in Part III-B and the provisions of any applicable deed restrictions. I possess the documentation necessary to support this certification/recertification. To the best of my knowledge, the information presented on this form is complete and accurate.

_____	_____
<i>(Signature of Owner or Authorized Representative)</i>	<i>(Date)</i>
_____	_____
<i>(Printed Name)</i>	<i>(Printed Title)</i>

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