

TENANT INCOME CERTIFICATION
Check all programs that apply:

RLP LIHTC NewLease SHARP/Rehab

PART I – DEVELOPMENT DATA

<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other _____	Move-in Date: _____ (MM/DD/YYYY)	Effective Date: _____ (MM/DD/YYYY)
	Hshld Income @ Move-in: _____ Hshld Size @ Move-in: _____ Current Hshld Size: _____	1. Project Name: _____
3. Unit #: _____	4. # Bedrooms: _____ SF _____	5. City/Town _____ County: _____

PART II – HOUSEHOLD COMPOSITION

Hshld Mbr #	Last Name	First Name & Middle Initial	Sex	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Social Security or Alien Reg. No.
1				HEAD			
2							
3							
4							
5							
6							
7							

PART III. ANNUAL INCOME (USE ANNUAL AMOUNTS)

Hshld Mbr. #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____
(E) TOTAL INCOME: (add totals from (A) through (D), above)				\$ _____

PART IV. INCOME FROM ASSETS

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:			\$ _____	\$ _____
Total Cash Value If (H) is over \$5000		\$ _____ X	Passbook Rate 2.00%	= (J) Imputed Income \$ _____
(K) TOTAL INCOME FROM ASSETS (The greater of the total of column I, or J, imputed income)				\$ _____

PART V. TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: Add (E) and (K)	\$ _____	Household Meets the unit Income Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> _____%
Maximum Move-in Income Limit per Family Size: \$ _____	LIHTC & RLP Only Current Income Limit X 140%: \$ _____ Household Income exceeds 140% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SHARP, NewLease & Rental Rehab Only Current Income exceeds 80% AMI at time of recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PART VI. RENT

Tenant Paid Rent	\$ _____	Rental Assistance	\$ _____	Other non-optional charges	\$ _____
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Utility Allowance: \$ _____ For: Heat H/W Lights Cooking Other _____
Source of UA: HUD Rural Development Other _____

GROSS RENT FOR UNIT: \$ _____
(Tenant paid rent plus Utility Allowance & other non-optional charges)

Maximum Rent Limit for this unit: \$ _____

Unit Meets Rent Restriction at:
 60% 50%
 40% 30%
 _____%

PART VII. STUDENT STATUS (LIHTC only)

ARE ALL OCCUPANTS FULL TIME STUDENTS? _____ yes _____ no

If yes, Enter student explanation* (also attach documentation)
Enter 1-5

*Student Explanation:
1 TANF/assistance
2 Job Training
3 Single parent/dependent child
4 Married/joint return
5 The household consists of at least one student who was previously under foster care.

PARTVIII DIVESTITURE OF ASSETS (completed by head of household)

Has any household members disposed of any assets within the last 2 years for less than fair market value in excess of \$1,000?
_____ yes* _____ no

*If Yes, documentation regarding the disposed asset(s) has been obtained and, if applicable, included in Section IV

PART IX SUPPLEMENTAL INFORMATION FORM (completed by head of household)

MaineHousing (MH) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although MH would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial. Enter both Ethnicity and Race codes for each household member (see below for codes).

TENANT DEMOGRAPHIC PROFILE

HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled
1						
2						
3						
4						
5						
6						
7						

- The Following Race Codes should be used:**
1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
6 – Other
7 – Did not respond. **(Please initial below)**

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

- The Following Ethnicity Codes should be used:**
1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
3 – Did not respond. **(Please initial below)**

- Disability Status:**
1 – Yes
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, please see 24 CFR 100.201, available at <http://www.fairhousing.com/index.cfm?method=page.display&pageID=465>.
• “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.
- 2 – No
3 – Did not respond **(Please initial below)**
- Resident/Applicant:** I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) _____
(HH#) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____

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. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

SIGNATURE OF LESSEE

DATE

SIGNATURE OF LESSEE

DATE

SIGNATURE OF LESSEE

DATE

SIGNATURE OF LESSEE

DATE

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

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.

Column (K)	Enter the greater of the total in Column (I), or (J).
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Part V - Total Annual Household Income from all sources

Total Annual Household Income From all Sources	Enter the total of (E) and (K).
Maximum Income Limit per Family Size	Enter the Maximum Move-in Income Limit for the household size.
Household Meets Income Restriction at	Check the appropriate box for the income restriction that the household meets according to the unit income target specified 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 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".

If "yes" is checked, the appropriate exemption must be listed in the box to the right. If none of the exemptions apply, the household is ineligible to rent the unit.

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

Part VIII - Divesture of Assets

Applicants and tenants must declare whether an asset has been disposed of for less than fair market value at each certification and recertification. Assets greater than \$1,000 disposed of for less than fair market value during the two years preceding certification or recertification must be counted as an asset. If the tenant has indicated that assets have been disposed documentation and verification regarding the circumstances and amounts must be obtained. If applicable the amounts must be included on Section IV.

PART IX - SUPPLEMENTAL INFORMATION

Complete this portion of the form at move-in and at recertification's (only if household composition has changed from the previous year's certification).

Tenant Demographic Profile Complete for each member of the household including minors. Use codes listed on supplemental form for Race, Ethnicity, and Disability Status.

Resident/Applicant Initials All tenants who wish not to furnish supplemental information should initial this section. Parent/Guardian may complete and initial for minor child(ren).

Signatures

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Tenant Income Certification. For move-in, it is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification.

It is the responsibility of the owner or the owner's representative to sign and date this document immediately following execution by the resident(s).

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in tax credit compliance.

These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.