

Tenant Income Certification

	Move-In Date:	Certification Date:
Current Household Size:	Project Name:	Building ID#: Address:
Unit:	# Bedrooms: Square Footage:	County:

PART II - HOUSEHOLD COMPOSITION						
Last Name	First Name and Middle Initial	Gender	Relationship to Head of Household	Date of Birth	F/T Student	Last Four digits Social Security or Alien Registration No.

PART III - INCOME OTHER THAN ASSETS							
Member	(A) Employment or Wages	(B) Social Security /SSI	(C) Pensions	(D) Public Assistance	(E) Child Support	(F) Other Income	(G) Income other than Assets
Totals							

PART IV - INCOME FROM ASSETS (USE ANNUAL AMOUNTS)						
Member	(H) Type of Assets	(I) Current/ Imputed	(J) Cash Value of Assets	(K) Annual Income from Assets	(L) Total Imputed Income from Assets if (J) is over \$5,000	(M) Income from Assets
Totals					under \$5,000 times current passbook rate of 0.06% =	

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PART V - TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES	
TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES:	FRANKLIN County, 3 Household Members
Income Equates to:	Certification Date:
HH Meets Income Restriction at:	Maximum Income Limit for Household:
	140% of AMGI (Income Limit x 140%):
	Is Income > 140% Level?

PART VI - RENT	
Tenant Paid Rent:	Other Non-Optional Charges:
Utility Allowance:	Housing Assistance Payment:
GROSS RENT FOR UNIT: (Tenant Paid Rent + Utility Allowance)	Rent Assistance Type:
Maximum Rent Limit for this unit:	Rent Equates to:
	Unit meets rent restriction at:

PART VII - STUDENT STATUS	
Are all occupants full time students?	Student Explanation:

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.

I/We certify that the information in this tenant certification is true and correct for both the signature and certification dates. Should there be any change in any information contained in this tenant certification form prior to the certification date, I/We agree to immediately notify management of the changes.

I/We certify that my/our income for the period starting _____ and ending _____ is: _____

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 Restrictive Covenant (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/AGENT DATE