

<b>TENANT INCOME CERTIFICATION</b>	Move-In Date: _____
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other _____	Effective Date: _____

PART I. DEVELOPMENT DATA		
Property Name: _____	County: _____	BIN: _____
Address: _____	Unit #: _____	# of Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION										
HH Mbr #	Last Name	First Name	Middle Initial	Relation to Head of Household	Race	Ethnicity	Disabled (Yes/No)	Date of Birth	Full Time Student (Yes/No)	Last 4 Digits of SS#
1										
2										
3										
4										
5										
6										
7										

PART III. GROSS ANNUAL INCOME				
HH Mbr #	(A) Employment or Wages	(B) Social Security / Pensions	(C) Public Assistance	(D) Other Income
<b>TOTALS</b>				
Add totals from above, (A) - (D), to determine total income.			<b>TOTAL INCOME (E) =</b>	

PART IV. INCOME FROM ASSETS				
HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
Current Passbook Rate %			<b>TOTALS</b>	
Enter Column (H)				
Total (If over \$5,000) \$ _____ X _____ = \$ _____ (J)			<b>IMPUTED INCOME (J) =</b>	
Enter the greater of: Total of column (I) or Imputed Income (J).			<b>TOTAL INCOME FROM ASSETS (K) =</b>	

Add (E) + (K)	<b>TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES (L) =</b>	
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**HOUSEHOLD CERTIFICATION & SIGNATURES**

I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income and assets. I/we agree to notify the landlord immediately if there are changes to the household composition or if any member becomes a full time student during the course of this tenancy. I/we will report any changes in income or household composition that occurs between the time this form is signed and the date it takes effect.

**Under penalties of perjury, I/we certify that the information presented above is true and correct to the best of my/our knowledge and belief. I/we further understand that providing false representations (to include misleading or incomplete information) herein constitutes an act of fraud and may result in the termination of my/our lease.**

_____ Resident Signature	_____ Signature Date	_____ Resident Signature	_____ Signature Date
_____ Resident Signature	_____ Signature Date	_____ Resident Signature	_____ Signature Date

Effective Date of Income Certification: \_\_\_\_\_

Household Size at Certification: \_\_\_\_\_

**PART V. DETERMINATION OF INCOME ELIGIBILITY**

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1

\$ [ ]

**RECERTIFICATION ONLY:**

Household Income at Move-in: \$ \_\_\_\_\_

Current Income Limit Per Family Size: \$ \_\_\_\_\_

Household Size at Move-in: \_\_\_\_\_

Household Meets Income Restriction at:  60%  50%  40%  30%  \_\_\_\_\_%

Current Income Limit x 140%: \$ \_\_\_\_\_

Household Income exceeds 140% at recertification:  Yes  No

**PART VI. RENT**

Tenant Paid Rent (TP) \$ \_\_\_\_\_  
Utility Allowance (UA) \$ \_\_\_\_\_

Other non-optional charges: \$ \_\_\_\_\_  
Rent Assistance\*: \$ \_\_\_\_\_  
(\*For LIHTC/HOME units only, **include** as GROSS RENT)

**GROSS RENT FOR UNIT:**  
(TP + UA + Other non-optional charges) \$ [ ]

Unit Meets Rent Restriction at:  60%  50%  40%  30%  \_\_\_\_\_%

Maximum Rent Limit for this unit: \$ \_\_\_\_\_

**PART VII. STUDENT STATUS**

ARE ALL OCCUPANTS FULL TIME STUDENTS?

Yes\*  No

If yes, enter student exemption\*

Enter Exemption #: \_\_\_\_\_

**\*Student Exemptions:**

- 1 TANF assistance
- 2 Job Training Program
- 3 Single parent/dependent child
- 4 Married/joint return
- 5 Previous Foster Care Assistance

**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. Tax Credit	b. HOME	c. Risk Sharing Tax Exempt Bond/Conduit	d. HDGP/Trust Fund/ GHAP/H+/PSH	e. _____ (Name of Program)
Income Status	Income Status	Income Status	Income Status	Income Status
See Section V Above	≤ 50% AMGI	50% AMGI	50% AMGI	_____
	≤ 60% AMGI	60% AMGI	60% AMGI	_____
	≤ 80% AMGI	80% AMGI	80% AMGI	_____
	OI**	OI**	OI**	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 proof 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 an income/rent-restricted unit in this Project.

Printed Name of Owner/Representative

Signature of Owner/Representative

Signature Date