

TENANT INCOME CERTIFICATION

Effective Date: _____

Move-in Date: _____

INITIAL CERTIFICATION RECERTIFICATION OTHER _____

PART I - DEVELOPMENT DATA

Property Name: _____ County: _____ BIN # _____
 Address: _____ Unit Number: _____ # Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

HH / Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	SSN – ONLY last 4 digits or Alien Reg #
HH			HEAD			
2						
3						
4						
5						
6						
7						

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

PART IV. INCOME FROM ASSETS

HH / Mbr #	(F) Type of Asset	(G) C/I	(I) Annual Income from Asset
TOTALS:			\$

Total Cash Value If (H) is over \$5000 \$ _____ X Passbook Rate 0.06% = (J) Imputed Income \$ _____

Enter the greater of the total of column I, or J: imputed income **TOTAL INCOME FROM ASSETS (K)** \$ _____

(L) Total Annual Household Income from all Sources Add (E) and (K) \$ _____

HOUSEHOLD CERTIFICATION & 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 and belief. 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 (Date) _____ Signature (Date) _____

Signature (Date) _____ Signature (Date) Tenant _____

PART V. DETERMINATION OF INCOME ELIGIBILITY

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

\$

Household Meets Income Restriction at:

- 60% 50%
 40% 30%
 ____% Other

Current Income Limit x 140%:

\$ _____
 Household Income exceeds 140% at recertification:
 Yes No

Current Maximum Income Limit per Family Size: \$ _____

Household Income at Move-in: \$ _____

Household Size at Move-in: _____

PART VI. RENT

Tenant Paid Rent \$ _____

Rent Assistance: \$ _____

Utility Allowance \$ _____

Other non-optional charges: \$ _____

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

\$

Unit Meets Rent Restriction at: 60% 50% 40%
 30% ____% Other

Maximum Rent Limit for this unit: \$ _____

PART VII. STUDENT STATUS

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 Program
- 3 Single parent/dependent child
- 4 Married/joint return
- 5 Previous Foster Care

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. Tax Exempt

d. AHDP

e. _____
 (Name of Program)

Household meets Income Restriction at:

- ≤30% AMGI
 ≤40% AMGI
 ≤50% AMGI
 ≤60% AMGI
 ____% AMGI
 OI**

Income Status

- ≤ 50% AMGI
 ≤ 60% AMGI
 ≤ 80% AMGI
 OI**

Income Status

- Eligible
 50% AMGI
 60% AMGI
 80% AMGI
 OI**

Income Status

- VLI
 LI
 OI**

Income Status

- _____

 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 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