

**HTC EXTENDED USE PERIOD Form 300**  
**Tenant Income Self-Recertification**  
 For use during the extended use period

The undersigned hereby certifies that:

- 1. Project and Unit Identification:** This Income Self-Recertification is being delivered in connection with the undersigned's occupancy in the following apartment:

Project Name:		Unit Number:	
Project Address:		Building Address:	
City/State/Zip:		Unit Size:	# of BR    Sq Ft
Move-In Date:		Effective Date:	

- 2. Household Information:** List all occupants residing in the apartment, the relationship (if any) of the occupants, their ages, and indicate whether they are full-time students. Be sure to include any temporarily absent family members (such as military/student family members who will be returning to the household), or any unborn children.

Tenant's Name (Last, First & Middle Initial)	Relationship	Age	Student (Yes or No)

Other Household Members (i.e. foster children, live-in attendants)

Tenant's Name (Last, First & Middle Initial)	Relationship	Age	Student (Yes or No)

- 3. All occupants that are listed as students in #2 above must also complete HTC Form #800-- Student Certification Form.**

4. **Household Asset Information:** Assets are items of value, other than necessary personal items, and are considered along with verified income to determine the eligibility of a household. Net family assets include, **but are not limited to** the following: cash on hand, savings and checking accounts, trusts, equity in real estate and other capital investments, stocks, bonds, treasury bills, certificates of deposit, money market funds, IRA's & Keogh Accounts, retirement and pension funds, lump sum receipts (i.e. lottery winnings), and personal property held for as an investment (i.e. gem or coin collections, paintings, antique cars, etc.). Refer to **section 5.4** of the Compliance Manual for a more complete listing of assets.

**Household Asset Information**

Type of Asset	Cash Value of Asset	Actual Yearly Income from Assets
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total</b>	<b>4a \$</b>	<b>4b \$</b>
If the total in box 4a exceeds \$5,000, multiply 4a by the HUD Passbook rate (___) % and put that amount in 4c. If the total in box 4a is \$5,000 or less, put a zero (0) in 4c.		<b>4c</b>
Compare line 4b to 4c and write the greater amount on line 4d.		<b>4d</b>

5. **Household Gross Annual Income:** The total anticipated gross income (before any deductions) for all residents 18 years and older listed in section 2 above for the next 12-month period (commencing with the occupancy or lease renewal date) which includes, **but is not limited to:** wages, overtime, bonuses, commissions, tips, bonuses, self-employment income, and/or income from assets or investments, social security, pensions, and public assistance.

Also included in the total anticipated gross income is **other income** which includes, **but is not limited to:** monetary gifts, reimbursements for medical expenses, scholarships, alimony, child support, worker's compensation, severance pay, unemployment compensation, or earned income tax credit to the extent it exceeds income tax liability,

regular and special pay and allowances of members of the Armed Forces (whether or not living in the dwelling). See **section 5.3** of the Compliance Manual for a more complete listing of income.

**5. Household Gross Annual Income (Cont.)**

Tenant Name	Source of Income	Gross Income
		\$
		\$
		\$
		\$
		\$
		\$
<b>5a. Total Household Income</b>		\$

**6. Total Projected Household Income**

a. Household Income From Line 5a	\$
b. Asset Income Line 4d	\$
<b>c. Total Projected Household Income</b> (add lines 6a & 6b above)	\$

**7. Household Qualification:**

a. Total Projected Gross Annual Income (From Line 6c above)	
b. Maximum HTC Income Limit	
c. Is this Household income qualified for an HTC unit?    Yes    No	

The information on this form will be used to determine maximum income eligibility. I (we) have provided for each person(s) set forth in paragraph 2. I (we) agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving into the unit.

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.

Applicant/Tenant's Signature \_\_\_\_\_ Date:

Applicant/Tenant's Signature \_\_\_\_\_ Date:

Applicant/Tenant's Signature \_\_\_\_\_ Date:

Applicant/Tenant's Signature \_\_\_\_\_ Date:

**OWNER'S STATEMENT:**

Based on the representations herein, the individual(s) named in paragraph 2 of this 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 tax credit unit in the Project.

Owner's or Owner's

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_