

# TENANT INCOME CERTIFICATION

Initial Certification   
  Recertification   
  Other \_\_\_\_\_

Effective Date: \_\_\_\_\_

Move-in Date: \_\_\_\_\_  
 (MM/DD/YYYY)

## 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)	Last 4 Digits of Social Security No. if applicable
1						
2						
3						
4						
5						
6						
7						
8						

## PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____	\$ _____
Add totals from (A) through (D), above				<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) A/I	(J) Annual Income from Asset
<b>TOTAL:</b>			\$ _____		[REDACTED]
If Column (H) is greater than the HUD Asset Threshold, then multiply each Imputed (I) asset by the HUD Passbook Rate and enter the imputed income in Column (J). HUD Asset Threshold \$ _____ HUD Passbook Rate _____ %					[REDACTED]
<b>TOTAL INCOME FROM ASSETS (K)</b>					\$ _____
<b>(L) Total Annual Household Income from All Sources [Add (E) + (K)]</b>					\$ _____

## 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)

**PART V. DETERMINATION OF INCOME ELIGIBILITY**

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

Designated Income Restriction:  
 80%  70%  60%  
 50%  40%  30%  
 20%  \_\_\_%

**RECERTIFICATION ONLY:**

Designated Income Limit x 140% (170% for Deep Rent Skewing):  
 \$ \_\_\_\_\_

*(Designated Income Limit: 20-50 properties use 50%; 40-60 properties use 60%; Average Income Test properties use 60% for all units with income designations that are 60% or lower and actual unit designation for units at 70% and 80%)*

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

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

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

Household is over income at recertification:  
 Yes  No

**PART VI. RENT**

Tenant Paid Rent:	\$ _____	Unit Meets Rent Restriction at:
		<input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> ___%
Utility Allowance:	\$ _____	
Rental Assistance:	\$ _____	
Other non-optional charges and mandatory fees:	\$ _____	
Gross Rent For Unit (See Instructions):	\$ _____	
Is the source of the Rental Assistance Federal? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, what is the source of the assistance?</i> _____		
<i>If Yes, identify the type of Federal Rental Assistance:</i>		
<input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA)	<input type="checkbox"/> HUD Housing Choice Voucher (HCV-tenant based)	
<input type="checkbox"/> HUD Section 8 Moderate Rehabilitation	<input type="checkbox"/> HUD Project-Based Voucher (PBV)	
<input type="checkbox"/> Public Housing Operating Subsidy	<input type="checkbox"/> USDA Section 521 Rental Assistance Program	
<input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA)	<input type="checkbox"/> Other Federal Rental Assistance _____	

**PART VII. STUDENT STATUS**

ARE ALL OCCUPANTS FULL-TIME STUDENTS?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter Student Explanation* and attach documentation Enter 1-5	*Student Explanation 1. TANF assistance 2. Previously in state foster care system 3. Job Training Program 4. Single parent/dependent child 5. Married/joint return
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**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. Housing Credit <input type="checkbox"/>	b. HOME <input type="checkbox"/>	c. Tax-exempt Housing Bond <input type="checkbox"/>	d. National HTF <input type="checkbox"/>	e. _____ <input type="checkbox"/>
See Part V above.	<i>Income Status</i>	<i>Income Status</i>	<i>Income Status</i>	<i>(Name of Program)</i>
	<input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> 30%/Poverty line <input type="checkbox"/> 50% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> 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 \_\_\_\_\_