

# OHFA Household Information Form

(use only for eligible 100% tax credit sites)

Move-in Date: \_\_\_\_\_  
or TRANSFER from # \_\_\_\_\_ on \_\_\_\_\_  
(A transfer does not change the move-in date or the effective date of the TIC)

## DEVELOPMENT DATA

Property Name: \_\_\_\_\_

County: \_\_\_\_\_

BIN #: \_\_\_\_\_

Address: \_\_\_\_\_

Unit Number: \_\_\_\_\_

# Bedrooms: \_\_\_\_\_

## 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 #
1			HEAD			
2						
3						
4						
5						
6						

**MOST RECENT VERIFIED HOUSEHOLD TOTAL INCOME:**

\$

Are you or any member of your household a full-time student? \_\_\_ No \_\_\_ Yes

Does anyone in this household have a disability that is substantially limiting (i.e. physically disabled or mental illness) ? \_\_\_ No \_\_\_ Yes

## RENT

Tenant Paid Rent \$ \_\_\_\_\_

Utility Allowance \$ \_\_\_\_\_

Rent Assistance: \$ \_\_\_\_\_

Other non-optional charges: \$ \_\_\_\_\_

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

\$

Unit Meets  60%  50%  40%

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

Rent Restriction at:  30%  \_\_\_\_\_%

Providing one's race and ethnicity is an optional disclosure for applicants/tenants.

Declining to do so **will not affect** your eligibility for this program. This is being tracked for informational purposes only.

**1. Race (Mark corresponding box(es) and indicate household member number from above)**

<input type="checkbox"/>	White _____	<input type="checkbox"/>	Native Hawaiian _____	<input type="checkbox"/>	Other multiple race combinations _____
<input type="checkbox"/>	Black/ African American _____	<input type="checkbox"/>	American Indian/ Alaskan Native _____	<input type="checkbox"/>	Asian/ Pacific Islander _____
<input type="checkbox"/>	<b>2. Ethnicity (Mark above)</b> Hispanic or		<input type="checkbox"/>	<b>Box(es) and indicate which household composition member # from</b>	
		Latino _____		Not Hispanic or Latino _____	
<input type="checkbox"/>	I do not wish to disclose Race or Ethnicity _____				

Appendix G (household form in place of recert) MUST BE IMPLEMENTED NO LATER THAN 6-1-2012

I agree to notify management IMMEDIATELY if:

- Anyone in my household becomes a fulltime student;
- My household composition changes;
- A household member is convicted of a felony

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. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income.

\_\_\_\_\_  
Signature (Date)

\_\_\_\_\_  
Signature (Date)

\_\_\_\_\_  
Signature (Date)

\_\_\_\_\_  
Signature (Date)

**Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in this Information Form 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