

TENANT INCOME CERTIFICATION

Initial Certification
 Recertification
 Other _____

Effective Date: _____
Move-in Date: _____
(MM/DD/YYYY)

PART I - DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____ PISD: _____
 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)	SS # Last 4 digits	Race	Ethnic	Disabled ?
1			HEAD						
2									
3									
4									
5									
6									
7									

PART III. ANNUAL INCOME (USE ANNUAL AMOUNTS)

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

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:			\$ _____	\$ _____
Total Cash Value		Passbook Rate	= (J) Imputed Income	
If (H) is over \$5000		\$ _____ X .40%	\$ _____	
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)

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):
 \$ _____

Current Income Limit per Family Size: \$ _____

Household Income at Move-in: \$ _____

Household Size at Move-in: _____

(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%)

Household is over income at recertification:
 Yes No

PART VI. RENT

Tenant Paid Rent \$ _____
 Utility Allowance \$ _____
 Rental Assistance \$ _____
 Other non-optional charges & Mandatory Fees \$ _____
 Gross Rent for Unit (see instructions) \$ _____
 Maximum Rent Limits for this Unit \$ _____

Unit Meets Rent Restriction at:

80% 70% 60% 50% 40%
 30% 20% ___%

Is this source of the Rental Assistance Federal? Yes No *If no, what is the source of the assistance _____*
If yes, identify the type of Federal Rental Assistance

- | | |
|--|--|
| <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?

Yes 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

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"/> 50% AMGI | <input type="checkbox"/> 30%/Poverty line | <i>Income Status</i> |
| | <input type="checkbox"/> ≤ 60% AMGI | <input type="checkbox"/> 60% AMGI | <input type="checkbox"/> 50% AMGI | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> ≤ 80% AMGI | <input type="checkbox"/> 80% AMGI | <input type="checkbox"/> OI** | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> OI** | <input type="checkbox"/> OI** | | <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

**INSTRUCTIONS FOR COMPLETING THE
TENANT INCOME CERTIFICATION (ver. 7/00)**

This form is to be completed by the owner or its authorized representative.

Part I - Development Data

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, designate the purpose of the recertification (i.e., a unit transfer, a change in household composition, or other state-required recertification).

Move-in Date	Enter the date the tenant has or will take occupancy of the unit.
Effective Date	Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.
Property Name	Enter the name of the development.
County	Enter the county in which the building is located.
BIN #	Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609).
Address	Enter the address of the building.
Unit Number	Enter the unit number.
# Bedrooms	Enter the number of bedrooms in the unit.

Part II - Household Composition

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following coded definitions:

H	-	Head of Household	S	-	Spouse
A	-	Adult co-tenant	O	-	Other family member
C	-	Child	F	-	Foster child(ren)
L	-	Live-in caretaker	N	-	None of the above

Enter the date of birth, student status, and last four numbers of each household member's social security number or alien registration number. Enter 0000 (4 zeros) if the household member does not have a social security number or alien registration number.

Race: Enter each household member's ethnicity by using one of the following coded definitions: 1- White; 2- Black/African American; 3- American Indian/Alaska Native; 4- Asian; 5- Native Hawaiian/Other Pacific Islander; 6- Other, or 8- Tenant did not respond.

Ethnicity: Enter each household member's ethnicity by using one of the following coded definitions: 1 – Hispanic or Latino; 2 – not Hispanic or Latino or 3 – Tenant did not respond.

Disabled: Enter 1 – (Yes) if the household member is disabled according to Fair Housing Act definitions for handicap (disability)

Enter 2 – (No) if the household member is not disabled

Enter 3 – Tenant did not respond.

Fair Housing Act definitions for handicap (disability)

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment, or being regarded as having such impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhu_100-201
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

The housing credit agency administering its low-income housing credit program must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide such information,

and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the housing credit agency shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.

If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

Part III - Annual Income

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income, including acceptable forms of verification.

From the third party verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

Column (A)	Enter the annual amount of wages, salaries, tips, commissions, bonuses and other income from employment; distributed profits and/or net income from a business.
Column (B)	Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.
Column (C)	Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).
Column (D)	Enter the annual amount of alimony, child support, unemployment benefits or any other income regularly received by the household.
Column (E)	Add the totals from columns (A) through (D), above. Enter this amount.

Part IV - Income from Assets

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third party verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

Column (F)	List the type of asset (i.e., checking account, savings account, etc.)
Column (G)	Enter C (for current, if the family currently owns or holds the asset), or I (for imputed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification.
Column (H)	Enter the cash value of the respective asset. Cash value is the market value less expenses involved in converting the asset to cash.
Column (I)	Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate). Anticipated income is the market value multiplied by the interest rate for the asset.
TOTALS	Add the total of Column (H) and Column (I), respectively.

If the total in Column (H) is greater than \$5,000 you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by 2% and enter the amount in (J), Imputed Income.

Column (K)	Enter the greater of the total in Column (I) or (J).
Column (L)	Total Annual Household Income From all Sources Add (E) and (K) and enter the total.

HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Tenant Income Certification. For move-in, it is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification.

Part V – Determination of Income Eligibility

Total Annual Household Income from all Sources	Enter the number from item (L).
Current Income Limit per Family Size	Enter the Current Maximum Move-in Income Limit for the household size at the designated income limit for that unit.
Household income at move-in Household size at move-in	Fill this in for recertifications, only. Enter the household income from the move-in certification. On the adjacent line, enter the number of household members from the move-in certification. (This information should reflect information from the most recent initial recertification date when the tenant was certified for occupancy of a tax credit unit.)
Household Meets Income Restriction at	Check the appropriate box for the income restriction that the household meets according to what is required by the minimum set-aside(s) for the project, including the specific unit designation for Average Income Test developments.
Current Income Limit x 140% (170% for deep rent skewed)	For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% (170% for deep rent skewed) and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% (170% for deep rent skewed) of the current income limit, then the available unit rule must be followed.

Part VI - Rent

Tenant Paid Rent	Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).
Rent Assistance	Enter the amount of rent assistance, if any.
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Other non-optional charges	Enter the amount of <u>non-optional</u> charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Gross Rent for Unit	Enter the total of Tenant Paid Rent plus Utility Allowance and other non-optional charges.
Maximum Rent Limit for this unit	Enter the maximum allowable gross rent for the unit.
Unit Meets Rent Restriction at	Check the appropriate rent restriction that the unit meets according to what is required by the minimum set-aside(s) for the project, including the specific unit designation for Average Income Test developments.

Part VII - Student Status

If all household members are full time* students, check “yes”. If at least one household member is not a full time student, check “no”. If “yes” is checked, the appropriate exemption must be listed in the box to the right. If none of the exemptions apply, the household is ineligible to rent the unit.

**Full time is determined by the school the student attends.*

Part VIII – Program Type

Mark the program(s) 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. If the property does not participate in the HOME Investment Partnership (HOME) Program, Tax-Exempt Bond, Housing Trust Fund (HTF), Affordable Housing Disposition, or other housing program, leave those sections blank.

Tax Credit	Mark the appropriate box indicating the household’s designation. If the property does not have any occupancy requirements in addition to those required by Section 42, mark the box that corresponds to the property’s minimum set aside. Upon re-certification, if the household’s income exceeds 140% of the income limitation imposed by Section 42, mark “OI”.
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HOME	If the property participates in the HOME program and the unit this household will occupy will count towards the HOME program set asides, mark the appropriate box indicating the household's designation.
Tax Exempt	If the property participates in the Tax Exempt Bond program, mark the appropriate box indicating the household's designation.
Housing Bond	If the property receives financing from the Tax Exempt Housing Program, mark the appropriate box indicating the households' income designation for purpose of the Housing Bond program.
HTF	If the property receives financing from the HTF Program and this households unit will count toward the HTF set-aside requirements. Mark the appropriate box indicating the households' income designation for purposes of HTF
AHDP	If the property participates in the AHDP program, and this household's unit will count towards the set aside requirements, select the appropriate box to indicate if the household is a VLI, LI or OI (at re-certification) household.
Other	If the property participates in any other affordable housing program, complete the information as appropriate.

SIGNATURE OF OWNER/REPRESENTATIVE

It is the responsibility of the owner or the owner's representative to sign and date this document immediately following execution by the resident(s).

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in tax credit compliance.

These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.