

# TENANT INCOME CERTIFICATION

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

Effective Date: \_\_\_\_\_  
 Initial LIHTC Qualification Date: \_\_\_\_\_  
 Move-in Date: \_\_\_\_\_

## 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 (circle one)	Last 4 Digits of Social Security No.
1					FT / PT / NAP	
2					FT / PT / NAP	
3					FT / PT / NAP	
4					FT / PT / NAP	
5					FT / PT / NAP	
6					FT / PT / NAP	
7					FT / PT / NAP	

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

HH Mbr#	(A) Employment	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
<b>TOTALS</b>	\$	\$	\$	\$
<b>Total Income (E):</b>				\$

## PART IV. ASSETS

### PART IVA. INCOME FROM ASSETS - LESS THAN OR EQUAL TO IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP), Real Property, and Federal Tax Refunds/Credits has been verified as **LESS** than or **EQUAL** to the Imputed Income Limitation

Enter Total of **ACTUAL INCOME** earned from all Assets from the Asset Self-Certification Form **(F)**     \$

### PART IVB. INCOME FROM ASSETS – GREATER THAN IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as **GREATER** than the Imputed Income Limitation.

HH Mbr#	(G) Type of Asset	(H) C/D	(I) NNPP / Real/ Tax Relief	(J) Cash Value of Asset	(K) A/I	(L) Annual Income from Asset

Enter Total Income from all Assets **(M)**     \$

## PART V. TOTAL HOUSEHOLD INCOME

Total Annual Household Income from All Sources [Add (E) + (F) **OR** (E) + (M)]     \$

## HOUSEHOLD CERTIFICATION & SIGNATURE(S)

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 VI. DETERMINATION OF INCOME ELIGIBILITY**

**RECERTIFICATION ONLY:**

TOTAL ANNUAL HOUSEHOLD INCOME  
FROM ALL SOURCES: \$ \_\_\_\_\_  
From Part V. on Page 1

Designated Income Restriction:

Current Income Limit x 140%: \$ \_\_\_\_\_

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

80%     70%

60%     50%

40%     30%

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

20%     \_\_\_\_\_%

Household is over income at recertification:

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

Yes     No

**PART VII. RENT**

Tenant Rent: \$ \_\_\_\_\_

Unit Meets Rent Restriction at:

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

80%     70%

Rental Assistance: \$ \_\_\_\_\_

60%     50%

Other non-optional / mandatory fees: \$ \_\_\_\_\_

40%     30%

Gross Rent for Unit (See Instructions): \$ \_\_\_\_\_

20%     \_\_\_\_\_%

Is the source of Rental Assistance Federal?     Yes     No

*If No, what is the source of the assistance?* \_\_\_\_\_

HUD Multi-Family Project-Based Rental Assistance (PBRA)

HUD Housing Choice Voucher (HCV-tenant based)

HUD Section 8 Moderate Rehabilitation

HUD Project-Based Voucher (PBV)

Public Housing Operating Subsidy

USDA Section 521 Rental Assistance Program

HOME Tenant Based Rental Assistance (TBRA)

Other Federal Rental Assistance \_\_\_\_\_

**PART VIII. STUDENT STATUS**

Are all occupants Full-Time Students?

If Yes, enter Student Explanation\* and attach documentation

Student Explanation:

Yes     No

Enter 1-5: \_\_\_\_\_

1. TANF assistance
2. Previously in state foster care system
3. Job Training Program
4. Single parent/dependent child
5. Married/joint return

**PART IX. 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.

a. Housing Credit

b. HOME

c. Tax-exempt Housing Bond

d. National HTF

e. \_\_\_\_\_

See Part VI above.

*Income Status:*

*Income Status:*

*Income Status:*

*Income Status:*

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

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

- 30%/Poverty Line
- ≤ 50% AMGI
- OI\*\*

- \_\_\_\_\_%
- \_\_\_\_\_%
- 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.

\_\_\_\_\_  
Owner/representative Signature

\_\_\_\_\_  
Date