TENANT INCOME CERTIFICATION

□ Initial Certification □ Recertification □ Other Move-In Date:

Effective Date:

Property Name:

PART I. DEVELOPMENT DATA

County:

BIN:

Address:		

Unit #:

PART II. HOUSEHOLD COMPOSITION

of Bedrooms:

HH				Relation to					Full Time	Last 4
Mbr			Middle	Head of			Disabled		Student	Digits
#	Last Name	First Name	Initial	Household	Race	Ethnicity	(Yes/No)	Date of Birth	(Yes/No)	of SS#
1										
2										
3										
4										
5										
6										
7										

PART III. GROSS ANNUAL INCOME							
HH Mbr #	(A) Employment or Wages	(B) Social Security / Pensions	(C) Public Assistance	(D) Other Income			
TOTALS							
Add tota	ls from above, (A) - (D), to determin						

PART IV. INCOME FROM ASSETS						
HH		(F)		(G)	(H)	(I)
Mbr #	Т	ype of Asset		C/I	Cash Value of Asset	Annual Income from Asset
Current Passbook TOTALS						
	lumn (H)	Ra	te %		IMPUTED INCOME (J) =	
Total (If	over \$5,000) \$	X	=\$	(J)		
Enter the greater of: Total of column (I) <u>or</u> Imputed Income (J). TOTAL INCOME FROM ASSETS (K) =						

Add (E) + (K)

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES (L) =

HOUSEHOLD CERTIFICATION & SIGNATURES

I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income and assets. I/we agree to notify the landlord immediately if there are changes to the household composition or if any member becomes a full time student during the course of this tenancy. I/we will report any changes in income or household composition that occurs between the time this form is signed and the date it takes effect.

Under penalties of perjury, I/we certify that the information presented above is true and correct to the best of my/our knowledge and belief. I/we further understand that providing false representations (to include misleading or incomplete information) herein constitutes an act of fraud and may result in the termination of my/our lease.

Resident Signature

Signature Date

Resident Signature

Signature Date

Resident Signature

Signature Date

Resident Signature

Signature Date

PHB LIHTC Program (REV1/2020) Page 1 of 2 Effective Date of Income Certification:

Household Size at Certification:

PART V. DETERMINATION OF INCOME ELIGIBILITY						
TOTAL ANNUAL HOUSEH INCOME FROM ALL SOUF			RECERTIFICATION ONLY :			
From item (L) on page 1	φ	Household Income at	Household Income at Move-in: \$			
Current Income Limit Per Family Size:	\$			Household Size at Move-in:		
Household Meets Income Res	striction at:		Current Income Limit	Current Income Limit x 140%: \$		
$\square 60\% \square 50\% \square 40\% \square 30\% \square%$				Household Income exceeds 140% at recertification: Yes No		
		PART VI. R	ENT			
Tenant Paid Rent (TP) \$ Utility Allowance (UA) \$ Rent Assistance*: \$ (*For LIHTC/HOME units only, include as GROSS RE						
	GROSS RENT FOR UNIT: (TP + UA + Other non-optional charges) \$ Unit Meets Rent Restriction at:					
Maximum Rent L	imit for this unit: \$					
		PART VII. STUDEN	NT STATUS			
ARE ALL OCCUPANTS FULL TIME STUDENTS? <u>*Student Exemptions</u> : 1 TANF assistance 1 TANF assistance 2 Job Training Program 3 Single parent/dependent child 4 Married/joint return 5 Previous Foster Care Assistance						
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. Tax Credit	b. HOME	c. Risk Sharing Tax Exempt Bond/Conduit	d. HDGP/Trust Fund/ GHAP/H+/PSH	e(Name of Program)		
Income Status	Income Status	Income Status	Income Status	Income Status		
See Section V Above	≤ 50% AMGI ≤ 60% AMGI	50% AMGI 60% AMGI	50% AMGI 60% AMGI			
	$\leq 80\% \text{ AMGI} \qquad \qquad 60\% \text{ AMGI}$ $\leq 80\% \text{ AMGI} \qquad \qquad 80\% \text{ AMGI}$		80% AMGI			
	OI**	OI**	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 proof 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 an income/rent-restricted unit in this Project.

Printed Name of Owner/Representative

Signature of Owner/Representative

Signature Date