

**All PHB Programs:  
Self-Certification of Household Annual Income**

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

Move-In Date: \_\_\_\_\_

**This page to be completed by Resident/Household**

**Risk Share Program Only:** Each adult in household must attach a copy of their completed & filed IRS Federal Tax Return to this certification.

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

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

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

Unit Number: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

Household: Enter all household member name(s) and date(s) of birth below. Also note whether or not any household member is or will be a student in the next 12 months. Continue on separate sheet if more than 6 household members. \*NOTE: LIHTC & HOME Student Rules are different.

| HH Mbr # | Last Name | First Name & Middle Initial | Relationship to Head | Date of Birth | *Student Yes/No | SSN (last 4 digits) |
|----------|-----------|-----------------------------|----------------------|---------------|-----------------|---------------------|
| 1        |           |                             | Head                 |               |                 |                     |
| 2        |           |                             |                      |               |                 |                     |
| 3        |           |                             |                      |               |                 |                     |
| 4        |           |                             |                      |               |                 |                     |
| 5        |           |                             |                      |               |                 |                     |
| 6        |           |                             |                      |               |                 |                     |

**HOUSEHOLD'S GROSS ANNUAL INCOME**

| HH Mbr# | Source of Income: Employment, Soc. Security, Public Assistance, Child Support or Other |  |  | Gross Annual Amount |
|---------|--|--|--|---------------------|
|         |  |  |  |                     |
|         |  |  |  |                     |
|         |  |  |  |                     |
|         |  |  |  |                     |

**Add Total Household Income (a) =** \$ \_\_\_\_\_

**HOUSEHOLD'S INCOME FROM ASSETS**

| HH Mbr # | Type of Asset: Checking, Savings, Retirement Account, Real Estate, or Other | Cash Value of Asset | Actual Income from Asset |
|----------|---|---------------------|--------------------------|
|          |   |                     |                          |
|          |   |                     |                          |
|          |   |                     |                          |
|          |   |                     |                          |

  

| HH Mbr# | Disposed of Assets- Assets given away for less than market value | Cash Value of Disposed Asset | Income from Disposed Asset |
|---------|--|------------------------------|----------------------------|
|         |  |                              |                            |

**Total Income from Assets (b) =** \$ \_\_\_\_\_

**Add Total Annual Household Income from all Sources (a)+(b) =** \_\_\_\_\_

I agree to notify management **IMMEDIATELY** if:

Anyone in my household becomes a student, and/or my household composition changes in any way.

I certify under penalties of perjury that the above information is complete and accurate to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease agreement and may be grounds for eviction. I agree to provide any additional documentation required by the property owner/management to document my/our household income.

\_\_\_\_\_  
Head of Household Adult Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Household Adult Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\*\*\* This page to be completed by Owner/Management \*\*\*

**DETERMINATION OF INCOME ELIGIBILITY**

Current Household Size: # \_\_\_\_\_

Household Size at Move-In: # \_\_\_\_\_

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$

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

Current Income Limit X140%: \_\_\_\_\_

Current Income Limit per Family Size and Program: \$

Household Exceeds 140% at this Recert:  
 Yes  No

Household meets the following Income Restrictions:

HOME Program:

30%  40%  50%  60%  \_\_\_\_\_%

Current 80% MFI Income Limit: \_\_\_\_\_

Low HOME 50%  High HOME 60%

Current Household Income Exceeds 80%:  Yes  No

**DETERMINATION OF RENT**

A) Tenant Paid Rent: \$ \_\_\_\_\_

Unit Meets Rent Restriction At:

B) Utility Allowance: \$ \_\_\_\_\_

30%  40%  50%  60%

C) Non-Optional Charges: \$ \_\_\_\_\_

Other:  \_\_\_\_\_%

D) Rent Assistance (RA): \$ \_\_\_\_\_  Tenant Based  Project Based

**GROSS RENT FOR UNIT:**

HOME Program:

LIHTC/Risk Share Programs:

Required HOME Rent Restriction for Unit:

A)+B)+C) = \$

HOME Program:

Low HOME  High HOME

A)+B)+C)+D) = \$

**Current Maximum Gross Rent Limit:**

Required Designation for Unit:

**LIHTC:** \$ \_\_\_\_\_

**HOME:** \$ \_\_\_\_\_

Floating  Fixed

**STUDENT STATUS**

**LIHTC/Risk Share Programs ONLY:**

**HOME Program ONLY:**

Are **ALL** Household Members Full Time Students:

Are **ANY** Household Members Students:

NO  YES = Exemption(s): # \_\_\_\_\_

NO  YES = Exemption(s): # \_\_\_\_\_

Exemptions:

Exemptions:

1. Tanf Assistance
2. Job Training Program
3. Single Parent with dependent child/ren
4. Married and file joint tax return
5. Previous Foster Care Assistance

1. Over age 24
2. Veteran of the US Military
3. Married
4. Has one or more dependent children
5. Under 24 & independent of parents or parents are income eligible

**OTHER PROGRAM TYPES**

Mark the program(s) listed below for which this households' unit is counted toward the property's occupancy requirements.

Under each program marked, indicate the **household's income status** as established by this certification

|   |                              |                              |                              |                              |                              |                                       |
|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---------------------------------------|
| <input type="checkbox"/> Elderly Bond/Conduit | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 80% | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> GHAP/Housing+/PSH    | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 80% | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> HDGP/Trust Fund      | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 80% | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other:               | <input type="checkbox"/> 30% | <input type="checkbox"/> 40% | <input type="checkbox"/> 50% | <input type="checkbox"/> 60% | <input type="checkbox"/> 80% | <input type="checkbox"/> Other: _____ |

**SIGNATURE OF OWNER/REPRESENTATIVE**

Based on the representations herein and upon the information submitted, the individual(s) named on page one of this Self-Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended and all of the Regulatory Agreements as applicable to live in an income/rent-restricted unit in this project.

Printed Name of Owner/Representative \_\_\_\_\_

Signature of Owner/Representative \_\_\_\_\_

Date \_\_\_\_\_