

TENANT INCOME CERTIFICATION	Move-In Date: _____
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other _____	Effective Date: _____

PART I. DEVELOPMENT DATA

Property Name: _____	County: _____	BIN: _____
Address: _____	Unit #: _____	# of Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name	Middle Initial	Relation to Head of Household	Race	Ethnicity	Disabled (Yes/No)	Date of Birth	Full Time Student (Yes/No)	Last 4 Digits 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 totals from above, (A) - (D), to determine total income.			TOTAL INCOME (E) =	

PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
Current Passbook Rate %			TOTALS	
Enter Column (H)				
Total (If over \$5,000) \$ _____ X _____ = \$ _____ (J)			IMPUTED INCOME (J) =	
Enter the greater of: Total of column (I) or 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

Effective Date of Income Certification: _____

Household Size at Certification: _____

PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1

\$

RECERTIFICATION ONLY:

Household Income at Move-in: \$ _____

Current Income Limit Per Family Size: \$ _____

Household Size at Move-in: _____

Household Meets Income Restriction at:
 60% 50% 40% 30% _____%

Incomes Rising in Place Limit: \$ _____

Household Income Exceeds Rising in Place Limit at Recertification: Yes No

PART VI. RENT

Tenant Paid Rent (TP) \$ _____
 Utility Allowance (UA) \$ _____

Other non-optional charges: \$ _____
 Rent Assistance*: \$ _____

(*For LIHTC/HOME units only, **include** as GROSS RENT)

GROSS RENT FOR UNIT:
 (TP + UA + Other non-optional charges)

\$

Unit Meets Rent Restriction at:

60% 50% 40% 30% _____%

Maximum Rent Limit for this unit: \$ _____

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

Yes* No

If yes, enter student exemption*

Enter Exemption:

***Student Exemptions:**

1. TANF assistance
2. Job Training Program
3. Single parent/dependent child
4. Married/joint return
5. Previous Foster Care Assistance
6. **IH/MULTE/SDC:** All students meet eligibility criteria outlined in section 3-13.B.3 of HUD Handbook 4350.3

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
50% MFI	50% MFI	50% MFI	50% MFI	_____
60% MFI	60% MFI	60% MFI	60% MFI	_____
80% MFI	80% MFI	80% MFI	80% MFI	_____
OI**	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 to live in an income/rent-restricted unit in this Project.

 Printed Name of Owner/Representative

 Signature of Owner/Representative

 Signature Date