

TENANT INCOME CERTIFICATION

Check all programs that apply:

- RLP
 LIHTC
 NewLease
 SHARP/Rehab
 FedHome
 811
 HTF
 RAD
 State LIHTC

<input type="checkbox"/> Initial Certification – Unit <input type="checkbox"/> Initial Certification - Tenant <input type="checkbox"/> Recertification <input type="checkbox"/> Other _____	Move-in Date: _____ (MM/DD/YYYY)	Effective Date: _____ (MM/DD/YYYY)
Hshold Income @ Move-in: _____ Hshold Size @ Move-in: _____ Current Hshold Size: _____	1. Project Name: _____ _____	2. Project #: _____ Building ID _____ - _____ - _____ (LIHTC)
3. Unit #: _____	4. # Bedrooms: _____ SF _____	5. City/Town _____ County: _____

Hshold Mbr #	Last Name	First Name & Middle Initial	Sex	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Last 4 Digits of SSN
1				HEAD			
2							
3							
4							
5							
6							
7							

Hshold Mbr. #	(A) Employment or Wages	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____
(E) TOTAL INCOME: (add totals from (A) through (D), above)				\$ _____

PART IV. INCOME FROM ASSETS				
Hshold Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:			\$ _____	\$ _____
Total Cash Value If (H) is over \$5000 \$ _____ X Passbook Rate .0006 = (J) Imputed Income \$ _____				
(K) TOTAL INCOME FROM ASSETS (The greater of the total of column I, or J, imputed income)				\$ _____

PART V. TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES	
TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: Add (E) and (K) \$ _____	Household Meets the unit Income Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 80% <input type="checkbox"/> 30% HTF not exceeding ELI
Current Income Limit per Family Size: \$ _____	

LIHTC & RLP Recertifications Only
Current Income Limit X 140%: \$ _____ Household Income exceeds 140% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No

SHARP, NewLease & Rental Rehab, FedHome Recertifications Only
Current Income exceeds 80% AMI at time of recertification Or, if a Low Home unit, income exceeds 50% AMI but is below 80% AMI: Current Income Limit 80% AMI \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low HOME unit between 50% & 80%

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian
 - 4a - Asian India
 - 4b – Chinese
 - 4c – Filipino
 - 4d – Japanese
 - 4e - Korean
 - 4f - Vietnamese
 - 4g– Other Asian
- 5 – Native Hawaiian/Other Pacific Islander
 - 5a – Native Hawaiian
 - 5b – Guamanian or Chamorro
 - 5c - Samoan
 - 5d – Other Pacific Islander
- 6 – Other
- 7 – Did not respond. **(Please initial below)**

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 3 – Declined to complete. **(Please initial below)**

Disability Status:

1 – Yes

If any member of the household is disabled according to Fair Housing Act definition 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 an impairment. For a definition of “physical or mental impairment and other terms used, please see 24 CFR 100.201, available at <http://www.fairhousing.com/index.cfm?method=page.display&pageID=465>.
- “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.

2 – No

3 – Declined to complete **(Please initial below)**

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) _____
 (HH#) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____

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. 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 OF LESSEE	DATE	SIGNATURE OF LESSEE	DATE
SIGNATURE OF LESSEE	DATE	SIGNATURE OF LESSEE	DATE

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
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Part IV - Income from Assets

See HUD Handbook 4350.4 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.
- Column (I) Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
- 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 .0006% and enter the amount in (J), Imputed Income.

- Column (K) Enter the greater of the total in Column (I), or (J).

Part V - Total Annual Household Income from all sources

- Total Annual Household Income From all Sources Enter the total of (E) and (K).
- Maximum Income Limit per Family Size Enter the Maximum Income Limit for the household size.
- Household Meets Income Restriction at Check the appropriate box for the income restriction that the household meets according to the unit income target specified by the set-aside(s) for the project.
- Current Income Limit X 140% For recertifications only. Multiply the current Maximum Move-in Income Limit by 140% and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% of the current income limit, then the available unit rule must be followed.
- Current Income Limit 80 AMI% For HOME recertifications only. Using the 80%AMI charts for the applicable area. Determine if over income using the HOME final rule.

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 non-optional charges, such as 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. If this is a HOME unit include Rental Assistance amount.
- 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 set-aside(s) for the project.
- Voucher Check the appropriate voucher type either Project Based or Tenant based.

Part VII - Student Status

Tax Credit

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.

Tax Credit – Post 15 Years

If all household member are full time* student, check “yes”. Household must meet both exemptions to be eligible.

HOME

If **any** household member is a full or part time student, check “yes”.

If “yes” is checked, the appropriate exemption must be listed in the box below. 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 - Divesture of Assets

Applicants and tenants must declare whether an asset has been disposed of for less than fair market value at each certification and recertification. Assets greater than \$1,000 disposed of for less than fair market value during the two years preceding certification or recertification must be counted as an asset. If the tenant has indicated that assets have been disposed documentation and verification regarding the circumstances and amounts must be obtained. If applicable the amounts must be included on Section IV.

PART IX - SUPPLEMENTAL INFORMATION

Complete this portion of the form at move-in and at recertification’s (only if household composition has changed from the previous year’s certification).

Tenant Demographic Profile

Complete for each member of the household including minors. Use codes listed on supplemental form for Race, Ethnicity, and Disability Status.

Resident/Applicant Initials

All tenants who wish not to furnish supplemental information should initial this section. Parent/Guardian may complete and initial for minor child(ren).

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.

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.