

# Tenant Income Certification

(MM/DD/YYYY)

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

Move-in Date: \_\_\_\_\_

Initial Certification       Recertification       Other: \_\_\_\_\_

## Part I - Development Data

Property Name: \_\_\_\_\_ County: \_\_\_\_\_ BIN #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

## Part II - Household Composition

Vacant Unit										
HH Mbr #	Last Name	First Name	Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	FT Student (Y or N)	Last 4 digits of SS#	Race	Ethnicity	Disabled
1				HEAD						
2										
3										
4										
5										
6										
7										

## Part III - Gross Annual Income (Use Annual Amounts)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
Totals				

Add totals from (A) through (D), above      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
Totals:				

Enter Column (H) Total \_\_\_\_\_  
 If Over \$5,000 \_\_\_\_\_ X 2% = Imputed Income (J) \_\_\_\_\_  
 Enter the greater of the total of column (I), or (J) Imputed Income      **Total Income from Assets (K)** \_\_\_\_\_

(L) Total Annual Household Income from all Sources [Add (E) + (K)] \_\_\_\_\_

Effective Date of Income Certification \_\_\_\_\_  
 Household Size at Certification \_\_\_\_\_

## Household Certification & 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 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 V - Determination of Income Eligibility**

Total Annual Household Income From All Sources:  
From item (L) on page 1

Current Income Limit per Family Size:

Household Income at Move-in:

Household Meets Income Restriction at:

- 60%     50%  
 40%     30%  
 %

Household Size at Move-in:

**Recertification Only:**

Current Income Limit x 140%  
 \$0  
 Household Income exceeds 140% at Recertification:  
 Yes     No

**Part VI - Rent**

Tenant Paid Rent:

Rent Assistance:

Utility Allowance:

Other non-optional charges:

**GROSS RENT FOR UNIT:**   
 (Tenant paid rent plus Utility Allowance & other non-optional charges)

Unit Meets Rent Restrictions 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 explanation\*  
 (also attach documentation)

\*Student Explanation:

1. TANF
2. Job Training Program
3. Single parent/dependent child
4. Married/joint return
5. Former Foster Child

Enter 1 - 5:

**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. Tax Exempt

d. AHDP

e.

See Part V above.

*Income Status*

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

*Income Status*

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

*Income Status*

- ≤ 50% AMGI  
 ≤ 80% AMGI  
 OI\*\*

*Income Status*

- 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/or the HOME Written Agreement (if applicable), and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name of Owner/Representative