

TENANT INCOME CERTIFICATION

☐ Initial Certification ☐ Recertification ☐ Other: _____

Effective Date: _____
Move-in Date: _____
(MM/DD/YYYY)

PART I. DEVELOPMENT DATA

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

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First & Middle Initial	Relationship to Head of HH	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Last 4 digits of Social Security
1						
2						
3						
4						
5						
6						
7						

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pension	(C) Public Assistance	(D) Other Income
TOTALS	\$	\$	\$	\$

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

TOTAL INCOME (E): \$

PART IV. INCOME FROM ASSETS

PART IV.A. INCOME FROM ASSETS – LESS THAN OR EQUAL TO IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP, Real Property, and Federal Tax Refunds/Credits has been verified as **LESS** than or **EQUAL** to the Imputed Income Limitation

Enter Total of **ACTUAL INCOME** earned from all Assets **(F)** \$.

PART IV.B. INCOME FROM ASSETS – GREATER THAN IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as **GREATER** than the Imputed Income Limitation

HH Mbr #	(G) Type of Asset	(H) C/D	(I) NNPP / Real / Tax Relief	(J) Cash Value of Asset	(K) A/I	(L) Annual Income from Asset*

Total Income from All Assets **(M)** \$

PART V. TOTAL HOUSEHOLD INCOME

Total Annual Household Income From All Sources [Add (E) + (F) **OR** (E) + (M)] \$

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 VI. DETERMINATION OF INCOME ELIGIBILITY**RECERTIFICATION ONLY:**

TOTAL ANNUAL HOUSEHOLD INCOME
FROM ALL SOURCES
From Part V. on page 1

\$

Household Meets Income
Restriction at:

\$

- ☐ 80% ☐ 70%
☐ 60% ☐ 50%
☐ 40% ☐ 30%
☐ 20% ☐ %

Household Income Exceeds 140%
at recertification:
☐ Yes ☐ No

Current Income Limit per Family Size: \$

Household Income at Move-in: \$

Household Size at Move-in: _____

PART VII. 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 Restriction at:

- ☐ 80% | ☐ 70% | ☐ 60% | ☐ 50%
☐ 40% | ☐ 30% | ☐ 20% | ☐ %

Maximum Rent Limit for this unit: \$

PART VIII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

☐ Yes ☐ No

If Yes, enter student explanation*
(please attach documentation)

Enter 1-5: _____

*Student Explanation:

- 1 TANF assistance
- 2 Job Training Program
- 3 Single parent/dependent child
- 4 Married/Joint tax return
- 5 Previously part of a Foster Care Program

PART IX. 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.

☐ Tax Credit (a.)

☐ HOME (b.)

☐ Tax Exempt (c.)

☐ AHDP (d.)

☐ (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**

(Enter Name of Program)

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 the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

Signature of Owner/Representative

Date