

EXHIBIT NV-1: 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 or Alien Reg. #
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

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset

TOTALS:

Enter Column (H) Total

Passbook Rate

If over \$52,787

X 0.40%

= (J) Imputed Income:

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)]

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

Household Meets Income
Restriction at:

☐ 60% ☐ 50%
☐ 40% ☐ 30%
☐ %

RECERTIFICATION ONLY:

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 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 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 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 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.

☐ Tax Credit (a.)

See Part V above.

☐ HOME (b.)

Income Status

☐ ≤ 50% AMGI
☐ ≤ 60% AMGI
☐ ≤ 80% AMGI
☐ OI**

☐ Tax Exempt (c.)

Income Status

☐ ≤ 50% AMGI
☐ ≤ 60% AMGI
☐ ≤ 80% AMGI
☐ OI**

☐ AHDP (d.)

Income Status

☐ ≤ 50% AMGI
☐ ≤ 80% AMGI
☐ OI**

☐ (e.)

(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