EXHIBIT NV-1c

LOW INCOME HOUSING TAX CREDIT PROGRAM

# ALTERNATE CERTIFICATION

| Property Name: |  | BIN: |  | Unit # |  |
| --- | --- | --- | --- | --- | --- |

| Certification Effective Date: |  | Move-in Date: |  | Tenant Paid Rent: | $ |
| --- | --- | --- | --- | --- | --- |

| Household Income at Move-in: | $ | % of Set Aside: | % | Utility Allowance: | $ |
| --- | --- | --- | --- | --- | --- |

| Gross Household Income: | $ | Bedroom Size: |  | Rent Subsidy: | $ |
| --- | --- | --- | --- | --- | --- |

| Max Income Limit: | $ |  |  | Total Gross Rent: | $ |
| --- | --- | --- | --- | --- | --- |

| **List all occupants of the unit and indicate if full-time student(s)** |  | Max Allowable Rent Limit: | $ |
| --- | --- | --- | --- |

| **Household Member Name** | **Date of Birth** | **Full-time Student Y/N** |
| --- | --- | --- |

|  | **|** |  | **|** | **Yes**  **No** |
| --- | --- | --- | --- | --- |
|  | **|** |  | **|** | **Yes  No** |
|  | **|** |  | **|** | **Yes  No** |
|  | **|** |  | **|** | **Yes  No** |
|  | **|** |  | **|** | **Yes  No** |
|  | **|** |  | **|** | **Yes  No** |
|  | **|** |  | **|** | **Yes  No** |

Are any of the above adult occupants original members of the household? Yes  No

Answer only if all members are full-time students:

Definition of student: Anyone who has been or will be a full-time student at an educational institution with regular facilities and students during

5 months of the year this Certification is completed. Verification is required for all questions answered “Yes” below.

| If yes, are the students married and filing a joint tax return? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | **Yes  No** |
| --- | --- |

| If yes, does the household receive Temporary Assistance to Needy Families (TANF)? . . . . . . . . . . . . . . . | **Yes  No** |
| --- | --- |

| If yes, is the household comprised of a single parent & child(ren) none of whom are dependents of a third party? . | **Yes  No** |
| --- | --- |

| If yes, are the students enrolled in a job training program under the Job Training Partnership Act? . . . . . . . . . | **Yes  No** |
| --- | --- |

| If yes, has any household member previously been part of a foster care program? . . . . . . . . . . . . . . . . . . | **Yes  No** |
| --- | --- |

Resident’s Statement: I understand that the above information has been collected to determine my eligibility for residency. I certify that the statements made in this certification are true and complete to the best of my knowledge and belief and are aware that false statements may be cause for termination of my lease and may be punishable under Federal Law. I agree to immediately inform the project manager of any changes to my household’s family composition. I also agree to immediately inform the project manager if all members of my household become full-time students.

Signature of all adult household members:

| Signature: |  | Date: |  |
| --- | --- | --- | --- |

| Signature: |  | Date: |  |
| --- | --- | --- | --- |

| Signature: |  | Date: |  |
| --- | --- | --- | --- |

| Signature: |  | Date: |  |
| --- | --- | --- | --- |

Project Sponsor’s Statement: Based on the representations herein, the household defined in this certification is eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, to live in a unit in this development.

| Management Representative Signature | Date |
| --- | --- |