

TENANT INCOME CERTIFICATION

- Initial Certification
 Recertification
 Other _____
 Unit Transfer - from unit # _____

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

PART I - DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____ PISD: _____
 Address: _____ Unit #: _____ # Bdrms: _____ Sq. Ftge.: _____

PART II - HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth	F/T Student	Last 4 Digits of Social Security No. or Alien Reg. No	Race	Ethnicity	Disabled?
1									
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 Assets	(I) Annual Income from Assets
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Enter Column (H) Total Passbook Rate **TOTALS:** \$
 If over \$5000 \$ _____ X 0.06% (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)]: \$

Have you disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value? Yes No

I/We certify that the total value of assets owned by all household members as of the Effective Date (stated Above) is \$

The total annual income derived from the assets is \$

Assets include cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.) and personal property held as an investment (i.e. gem or coin collections, paintings, antiques, etc). Do not include necessary personal property such as furniture, automobiles and clothing.



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 Size at Move-In:	Household Meets Income Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> _____ % Average Income Test use below: <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> _____ %	Unit #: _____ RECERTIFICATION ONLY: Current Income Limit x 140% Household Income exceeds 140% at recertification? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PART VI - RENT

Tenant Paid Rent \$ _____ Utility Allowance \$ _____ Other Non-Optional Charges \$ _____ GROSS RENT FOR UNIT: (Tenant paid rent Utility Allowance & Other Non-Optional Charges) Maximum Rent Limit for this Unit: \$ _____ Unit meets rent restriction at: <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> _____ % Federal Rent Assistance \$ _____ Non-Federal Rent Assistance \$ _____ TOTAL RENT ASSISTANCE \$ _____	<p align="center">* Source of Federal Assistance</p> 1 ** HUD Multi-Family Project Based Rental Assistance (PBRA) 2 Section 8 Moderate Rehabilitation 3 Public Housing Operating Subsidy 4 HOME Rental Assistance 5 HUD Housing Choice Voucher (HCV), tenant-based 6 HUD Project-Based Voucher (PBV) 7 USDA Section 521 Rental Assistance Program 8 Other Federal Rental Assistance ** (PBRA) Includes: Section 8 New Construction/Substantial Rehabilitation; Section 8 Loan Management; Section 8 Property Disposition; Section 202 Project Rental Assistance Contracts (PRAC) * Source: _____
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PART VII - STUDENT STATUS

Are All Occupants Full Time Students? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter Student Explanation* (also attach documentation) *Enter 1-5 _____	<p align="center">*Student Explanation</p> 1 TANF assistance 4 Married/joint return 2 Job Training Program 5 Formerly received foster care assistance 3 Single parent/ dependent child
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PART VIII - PROGRAM TYPE

Mark the program(s) listed below (a through e) for which the 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.

<input type="checkbox"/> a. Tax Credit See Part V above	<input type="checkbox"/> b. HOME <i>Income Status</i> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> c. Tax Exempts <i>Income Status</i> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> d. AHDP <i>Income Status</i> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> e. _____ (name of program) <i>Income Status</i> <input type="checkbox"/> ≤ _____ <input type="checkbox"/> ≤ _____ <input type="checkbox"/> OI**
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** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

HOUSEHOLD CERTIFICATION & SIGNATURE OF OWNER/REPRESENTATIVE

The information on this form will be used to determine maximum income eligibility. I/We have provided for each person set forth in Part II acceptable verifications 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 the 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 _____

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	TITLE	DATE
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