

TENANT INCOME CERTIFICATION

Effective Date: ____/____/____

Initial Certification

Recertification

Other: _____

Move In Date: ____/____/____
(MM/DD/YYYY)

PART I. DEVELOPMENT DATA

Property Name and GA ID : _____

County: _____

BIN: _____

Address: _____

Unit Number: _____

Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

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

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

Hshld 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

Hshld 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 \$50,000 \$ _____		Passbook Rate x ____ % =	(J) Imputed Income TOTAL INCOME FROM ASSETS (K)	
Enter the <u>greater</u> of the total of column I or J (imputed income).		\$		
(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 or 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	Designated	RECERTIFICATION ONLY:
FROM ALL SOURCES: \$ _____	Income Restriction:	Current Income Limit x 140%:
From (L) on previous page 1	<input type="checkbox"/> 80% <input type="checkbox"/> 70%	\$ _____
Current Income Limit per Family Size: \$ _____	<input type="checkbox"/> 60% <input type="checkbox"/> 50%	<i>(Designated Income Limit: 20-50 properties use 50%; 40-60 properties use 60%; Average Income Test properties use 60% for all units with income designations that are 60% or lower and actual unit designation for units at 70% and 80%)</i>
Household Income at Move-in: \$ _____	<input type="checkbox"/> 40% <input type="checkbox"/> 30%	
Household Size at Move-in: \$ _____	<input type="checkbox"/> 20% <input type="checkbox"/> _____%	
	Household is over income at recertification:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART VI. RENT

Tenant Paid Rent \$ _____	Rent Assistance: \$ _____
Utility Allowance \$ _____	Other Non-Optional Charges: \$ _____
GROSS RENT FOR UNIT: \$ _____	Unit Meets Rent Restriction at:
(Tenant paid rent plus utility allowance & other non-optional charges)	<input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50%
Maximum Rent Limit for This Unit: \$ _____	<input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> _____%

Is the source of the Rental Assistance Federal? Yes No *If No, what is the source of the assistance?* _____

If Yes, identify the type of Federal Rental Assistance:

- | | |
|--|--|
| <input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA) | <input type="checkbox"/> HUD Housing Choice Voucher (HCV-tenant based) |
| <input type="checkbox"/> HUD Section 8 Moderate Rehabilitation | <input type="checkbox"/> HUD Project-Based Voucher (PBV) |
| <input type="checkbox"/> Public Housing Operating Subsidy | <input type="checkbox"/> USDA Section 521 Rental Assistance Program |
| <input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA) | <input type="checkbox"/> Other Federal Rental Assistance _____ |

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 _____	*Student Explanation: 1 AFDC/TANF assistance 2 JTPA Program or equivalent 3 Single parent/dependent child 4 Married/Joint tax return 5 Foster Care
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PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a. thru 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. <input type="checkbox"/> LIHTC	b. <input type="checkbox"/> HOME	c. <input type="checkbox"/> Tax Exempt Bond	d. <input type="checkbox"/> National HTF	e. <input type="checkbox"/> _____ <i>(Name of Program)</i>
See Part V above.	<i>Income Status</i> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<i>Income Status</i> <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	<i>Income Status</i> <input type="checkbox"/> 30% Poverty line <input type="checkbox"/> 50% AMGI <input type="checkbox"/> OI**	<i>Income Status</i> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> OI**

**Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

SIGNATURE OF OWNER'S 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's Representative _____
Date

INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

The Tenant Income Certification form is to be completed by the owner or an authorized representative.

Part I – Development Data

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification) or Other. If Other, designate the purpose of the recertification (i.e., a unit transfer, a change in household composition or other state-required recertification).

- Move-in Date: Enter the date the tenant has or will take occupancy of the unit.
- Effective Date: Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.
- Property Name: Enter the name of the development.
- County: Enter the county (or equivalent) in which the building is located.
- BIN #: Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609).
- Address: Enter the address of the building.
- Unit Number: Enter the unit number.
- # Bedrooms: Enter the number of bedrooms in the unit.

Part II – Household Composition

- Name: List first name, middle initial, and last name of all occupants in the unit.
- Relationship to Head of Household: Enter each household member's relationship to the head of household by using one of the following coded definitions:
- | | |
|-----------------------|--------------------------------|
| H - Head of Household | S - Spouse |
| A - Adult co-tenant | O - Other family member |
| C - Child | F - Foster child(ren)/adult(s) |
| L - Live-in caretaker | N - None of the above |
- Race: Enter each household member's race by using the following coded definitions:
- | | |
|--|----------------------------|
| 1 - White | 2 - Black/African American |
| 3 - American Indian/Alaska Native | 4 - Asian |
| 5 - Native Hawaiian/Other Pacific Islander | |
- *More than one race may be checked for each household member
- Ethnicity: Enter each household member's ethnicity by using one of the following coded definitions:
- | | |
|------------------------|----------------------------|
| 1 - Hispanic or Latino | 2 - Not Hispanic or Latino |
|------------------------|----------------------------|
- Disabled?: Enter Yes if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):
- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at <http://www.fairhousing.com/index.cfm?method=page.display&pageID=465>.

- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a Transvestite.

The housing credit agency administering its low-income housing credit program must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant’s voluntary choice whether to provide such information and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the housing credit agency shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year’s information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.

Enter No if no member of the household is disabled.

Date of Birth: Enter each household member’s date of birth in the following format: MM/DD/YYYY

Student Status: Enter Yes if the household member is a full-time student or No if the household member is not a full-time student.

Social Security or Alien Reg. No.: For each tenant over 18 years of age, enter the last four digits of the social security number or alien registration number. If the tenant does not have a social security or alien registration number, please enter the numerical birth month and last two digits of birth year (e.g., if no SSN or alien registration number and the tenant’s birthday is January 1, 1970, enter “0170”).

If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

Part III – Annual Income

See HUD Handbook 4350.3 and/or HOTMA guidelines for complete instructions on verifying and calculating income, including acceptable forms of verification.

From the acceptable and/or required verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member and ensure each source of income is listed separately (i.e., if one member has social security and pension income, do not combine these totals on one line.)

List the respective household member number from Part II.

Column (A): Enter the annual amount of wages, salaries, tips, commissions, bonuses and other income from employment; distributed profits and/or net income from a business.

Column (B): Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.

Column (C): Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).

Column (D): Enter the annual amount of alimony, child support, unemployment benefits or any other income regularly received by the household.

Box (E): Add the totals from columns (A) through (D), above. Enter this amount.

Part IV – Income From Assets

See HUD Handbook 4350.3 and/or HOTMA Guidelines for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the acceptable and/or required verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

- Column (F): List the type of asset (i.e., checking account, savings account, etc.).
- Column (G): Enter "C" (for current, if the family currently owns or holds the asset) or "I" (for imputed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification).
- Column (H): Enter the cash value of the respective asset.
- Column (I): Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
- TOTALS: Add the total of Columns (H) and (I), respectively.

If the total in Column (H) is greater than \$50,000, you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by current allowable % and enter the amount in Column (J), Imputed Income.

- Box (K): Enter the greater of the total in Column (I) or (J).
- Box (L): Total Annual Household Income From all Sources. Add (E) and (K) and enter the total.
- Effective Date of Certification: Enter the effective date of the income certification corresponding to the total annual household income entered in Box L. If annual income certification is not required, this may be different from the effective date listed in Part I.
- Household Size at Certification: Enter the number of tenants corresponding to the total annual household income entered in Box L. If annual income certification is not required, this may be different from the number of tenants listed in Part II.

HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Tenant Income Certification. For move-in, it is required that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification.

Part V – Determination of Income Eligibility

- Total Annual Household Income from all Sources: Enter the number from item (L).
- Current Income Limit per Family Size: Enter the Current Maximum Move-in Income Limit for the household size.
- Household income at move-in:
Household size at move-in: For recertifications only. Enter the household income from the move-in certification.
On the adjacent line, enter the number of household members from the move-in certification.
- Household Meets Income: Check the appropriate box for the income restriction that the household meets according to

Restriction at: what is required by the set-aside(s) for the project.

Current Income Limit x 140%: For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% of the current income limit, then the available unit rule must be followed.

Part VI – Rent

Tenant Paid Rent: Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).

Rent Assistance: Enter the amount of rent assistance, if any.

Utility Allowance: Enter the utility allowance. If the owner pays all utilities, enter zero.

Other non-optional charges: Enter the amount of non-optional charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.

Gross Rent for Unit: Enter the total of Tenant Paid Rent plus Utility Allowance and other non-optional charges.

Maximum Rent Limit for this unit: Enter the maximum allowable gross rent for the unit.

Unit Meets Rent Restriction at: Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project.

Part VII – Student Status

If all household members are full-time* students, check “yes.” If at least one household member is not a full-time student, check “no.”

If “yes” is checked, the appropriate exemption must be listed in the box to the right. If none of the exemptions apply, the household is not tax credit eligible.

**Full time is determined by the school the student attends.*

Part VIII – Program Type

Mark the program(s) 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. If the property does not participate in the HOME, Tax-Exempt Bond, Affordable Housing Disposition (AHDP) or other housing program, leave those sections blank.

Tax Credit: Mark the appropriate box indicating the household’s designation. If the property does not have any occupancy requirements in addition to those required by Section 42, mark the box that corresponds to the property’s minimum set aside. Upon re-certification, if the household’s income exceeds 140% of the income limitation imposed by Section 42, mark “OI”.

HOME: If the property participates in the HOME program and the unit this household will occupy will count towards the HOME program set-asides, mark the appropriate box indicating the household’s designation.

Tax Exempt Bonds: If the property participates in the Tax-Exempt Bond program, mark the appropriate box indicating the household’s designation.

National HTF: If the property participates in the National Housing Trust Fund, and this household’s unit will count towards the set-aside requirements, select the appropriate box to indicate if the household is at ELI, VLI, LI or OI (at recertification)

Other: If the property participates in any other affordable housing program, complete the information as appropriate.

SIGNATURE OF OWNER/REPRESENTATIVE

It is the responsibility of the owner or the owner's representative to sign and date this document immediately following execution by the resident(s).

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well-trained in tax credit compliance.

These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.