

TENANT INCOME CERTIFICATION

Initial Certification Recertification Other* _____

Effective Date: _____
Move-in Date: _____ (MM/DD/YYYY)
*Transfer from Unit: _____

PART I – DEVELOPMENT DATA

Property Name: _____ County: _____
 AHP #: _____ Unit Number: _____ # Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Last 4 Digits of Social Security Number
1			HEAD		
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 Asset	(I) Annual Income from Asset
TOTALS:			\$ _____	\$ _____
Enter Column (H) Total If over \$5000		\$ _____ X	Passbook Rate .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)]				\$ _____

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

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: <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> OI	RECERTIFICATION ONLY:
			Current Income Limit x 140%: \$ _____ Household Income exceeds 140% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income Limit per Family Size:	\$ _____		

PART VI. RENT

A. Tenant Paid Rent (column E on USR):	\$ _____	Unit Meets Rent Restriction at: <input type="checkbox"/> 50% <input type="checkbox"/> 80%
B. Rent Assistance (column G on USR):	\$ _____	
C. Other non-optional charges:	\$ _____	Type of Rent Assistance: _____
D. Gross Rent For Unit (See Instructions):	\$ _____	Maximum Rent Limit for this unit: \$ _____

PART VII. OWNER/AGENT CERTIFICATION

Based on the income information provided by the household and verified by me or my authorized agent, I certify that the household identified above is a(n):

- Very Low-Income (VLI)** Household based on the current applicable definitions published by the U.S. Department of Housing and Urban Development.
- Lower Income (LI)** Household based on the current definitions of a low-income household published by the U.S. Department of Housing and Urban Development, OR qualifies as a LI household because the household income upon recertification is not greater than 140 percent of the current applicable lower income limit.
- Over-Income (OI)** Household which exceeds the income standards for low-income households published by the U.S. Department of Housing and Urban Development, AND whose income is greater than 140 percent of the current applicable lower income limit.

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 program's rules, regulations and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.