

INCOME CERTIFICATION

Initial Certification
 Recertification
 Other* _____

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

PART I - DEVELOPMENT DATA

Property Name: _____	County: _____	BIN #: _____
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)	F/T Student (Y or N)	Social Security or Alien Reg. No.
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		Passbook Rate		
If over \$5000 \$ _____ X		.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. 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 (LIHTC ONLY)

RECERTIFICATION ONLY:

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1

\$

Household Meets Income Restriction at:

- 60% 50%
 40% 30%
 OI

Current Income Limit x 140%: \$(optional)

Household Income exceeds 140% at recertification:
 Yes No

Current Income Limit per Family Size (most restrictive) (optional): \$ _____

Household Income at Move-in (optional): \$ _____

Household Size at Move-in (optional): _____

PART VI. RENT

A. Tenant Paid Rent (column E on USR): \$ _____

B. Utility Allowance (column F on USR): \$ _____

C. Rent Assistance (column G on USR): \$ _____

D. Other non-optional charges: \$ _____

E. Gross Rent For Unit (See Instructions): \$ _____ / _____

Unit Meets Rent Restriction at:

- 60% 50%
 40% 30%
 80% _____%

Maximum Rent Limit for this unit: \$ _____ / _____

PART VII. STUDENT STATUS (LIHTC and Tax Exempt Bond only)

ARE ALL OCCUPANTS FULL TIME STUDENTS?

- yes no

If yes, Enter student explanation* (also attach documentation)

Enter 1-4

*Student Explanation:

- 1 TANF assistance (LIHTC only)
- 2 Job Training Program (LIHTC only)
- 3 Single parent/dependent child (LIHTC only)
- 4 Married/joint return

PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a. through f.) 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. Tax Credit <input type="checkbox"/> See Part V above.	b. HOME <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> 30% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> OI**	c. Tax Exempt <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> 30% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> OI** <input type="checkbox"/> Eligible Tenant	d. AHP <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> VLI <input type="checkbox"/> LI <input type="checkbox"/> OI**	e. HTF <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> ELI <input type="checkbox"/> VLI <input type="checkbox"/> LI <input type="checkbox"/> OI**	f. _____ <input type="checkbox"/> (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.

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

Supplement to the Income Certification

Unit #: _____ Date: _____

See below for Ethnicity, Race, and Other codes that characterize household composition. **Enter both Ethnicity and Race** codes for each household member, and a code for Other, if applicable. Also indicate if an individual in the household qualifies the household for the Special Needs occupancy requirement specified in the Land Use Restriction Agreement or other document.

HH Mbr #	Sex – enter M or F	Age	Race	Ethnicity	Other	Desjgnated Special Needs? Enter Y or N
1						
2						
3						
4						
5						
6						
7						

The Texas Department of Housing and Community Affairs (TDHCA) requests this information in order to monitor compliance with equal opportunity and fair housing goals. Although TDHCA would appreciate receiving this information, you may choose not to furnish it. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. **However, if you choose not to furnish it, the Management of the Development is required to note ethnicity, race, sex, age and other household composition on the basis of visual observation or surname.** If you do not wish to furnish this information, please initial below.

RESIDENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, age and other household composition.
(Initials) _____

<p>The following Ethnicity codes should be used: A Hispanic B Not Hispanic</p>	<p>The following Race codes should be used: A White B Black/African American C Asian D American Indian/Alaska Native E Native Hawaiian/Other Pacific Islander F American Indian/Alaska Native & White G Asian & White H Black/African American & White I American Indian/Alaska Native & Black/African American J Other Multi Racial</p>	<p>The following Other codes should be used: A Elderly B Disabled C Elderly & Disabled</p>
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DEFINITIONS

Ethnic categories:

- A. Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- B. Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Racial categories:

- A. White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- B. Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- C. Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- D. American Indian/Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- E. Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: The remaining racial categories (F-I) are multi racial categories made up of combinations of the single race categories defined above (A-E). If the appropriate multi-racial category is not listed, use the “Other Multi Racial” (J) category.