

**IHFA TENANT INCOME ANNUAL SELF CERTIFICATION
(FOR 100% LIHTC PROPERTIES RECERTIFICATION ONLY)**

Effective Date: _____
 Move in Date: _____
 (MM/DD/YYYY)

PART I. DEVELOPMENT DATA			
Property Name: _____	County: _____	BIN#: _____	
Address: _____	Unit Number: _____	# of Bedrooms: _____	

PART II. HOUSEHOLD COMPOSITION					
HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth	F/T Student (Y or N)
			HEAD		

PART III. HOUSEHOLD INCOME AND ASSET INFORMATION						
HH Mbr #	Household Member Name	Income Source (Wages, SS, Child Support, Ect.)	Gross Monthly Income Amount	Asset Source (Checking, Savings IRA, ect.)	Cash Value of Asset	Gross Monthly Asset Amount
1			\$		\$	\$
2			\$		\$	\$
3			\$		\$	\$
4			\$		\$	\$
5			\$		\$	\$
6			\$		\$	\$
7			\$		\$	\$
8			\$		\$	\$

PART IV. UNIT RENT INFORMATION		
Tenant Paid Rent: \$ _____	Utility Allowance: \$ _____	Income / Rent Restriction: / _____
Rental Assistance (if applicable): \$ _____	Rental Assistance Type (if applicable): _____	
Gross Rent for unit (Tenant Paid Rent plus Utility Allowance & other non-optional charges): \$ _____		

HOUSEHOLD CERTIFICATION & SIGNATURES

Under penalties of perjury, I/we certify that the information presented in the Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representation 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

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 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

Date