

IHFA LOW INCOME TAX CREDIT TENANT INCOME SELF CERTIFICATION

(FOR 100% LITC PROPERTIES RECERTIFICATIONS ONLY)

Effective Date: _____

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

PART I. DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: ID
Address: _____ 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						
8						

TOTAL ANNUAL HOUSEHOLD INCOME: \$ _____
(INCLUDE INCOME FROM ASSETS)

Tenant Paid Rent \$ _____

Utility Allowance \$ _____

GROSS RENT FOR UNIT: _____
(Tenant paid rent plus Utility Allowance & other non-optional charges) \$

Maximum Rent Limit for this unit: \$ _____

HOUSEHOLD CERTIFICATION & SIGNATURES

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)

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

Certification of Student Status

Head of Household Name	Unit Number
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Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

Please choose **one** option below that best describes **your household**:

<input type="checkbox"/>	The household contains no occupants who are students (full-time or part-time).=
<input type="checkbox"/>	The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current calendar year (months need not be consecutive).
	List non-student here: _____
<input type="checkbox"/>	The household contains all students , but is qualified because at least one occupant is a part-time student. Verification of part-time status is required.
	List part-time student here: _____ _____
<input type="checkbox"/>	The household contains all full-time students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below.

	Yes	No
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)		
Are all adult members single parents with child(ren), and not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)?		
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?		
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)		
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)		

Signatures:

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. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

This form must be signed by each household member age 18 and older.

Resident Signature	Date
Resident Signature	Date
Resident Signature	Date
Resident Signature	Date