

ANNUAL INCOME CERTIFICATION/RECERTIFICATION
TO BE COMPLETED BY OWNER/MANAGEMENT

TENANT INCOME CERTIFICATION			Effective Date: _____
Initial Certification	Recertification	Other: _____	Move-in Date: _____ MM/DD/YYYY

PART I. DEVELOPMENT DATA

Property Name: _____	Address: _____
BIN: _____	County: _____ Unit Number: _____ # of Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

HH Member #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	FT Student Y or N	Last 4 Digits of SSN or Alien Reg.
1			HEAD			
2						
3						
4						
5						
6						
7						

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Member #	(A) Employment or Wages	(B) Social 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 Member #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset

Enter column (H) total if more than \$5,000 \$ _____ * _____	TOTALS:	\$ _____	\$ _____
Passbook Rate _____ (J) _____	= Imputed Income: \$ _____		

Enter the greater of column (I)'s total or (J)	TOTAL INCOME FROM ASSETS (K):	\$ _____	TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES (L):
Add totals (E) and (K)	\$ _____		

PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$ _____
Item (L) page 1

Current Income Limit for family size: \$ _____

Household income at move-in: \$ _____

Household size at move-in: _____

Designated Income Restriction

80%	70%
60%	50%
40%	30%
20%	%

RECERTIFICATIONS ONLY

Designated income limit * 140%: \$ _____

Household over income at recertification? Yes No N/A

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 designations for units at 70% or 80%.

PART VI. RENT

Tenant Paid Rent: \$ _____

Utility Allowance: \$ _____

Gross Rent for Unit (see instructions): \$ _____

Rental Assistance: \$ _____

Other non-optional/mandatory fees: \$ _____

Maximum Rent Limit: \$ _____

Unit Meets Rent Restriction At

80%	70%
60%	50%
40%	30%
20%	%

Does this unit receive rental assistance? Yes No N/A

If yes, identify the type of rental assistance:

HUD Multi-family Project-Based Rental Assistance (PBRA)

HUD Section 8 Moderate Rehabilitation

Public Housing Operating Subsidy

HOME Tenant-Based Rental Assistance (TBRA)

HUD Housing Choice Voucher (HCV tenant-based)

HUD Project-Based Voucher (PBV)

USDA Section 521 Rental Assistance Program

Other federal rental assistance: _____

Non-federal rental assistance: _____

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS
FULL-TIME STUDENTS?

Yes No

If yes, enter student explanation* and attach documentation.

Enter 1 - 5 _____

** student explanations*

1. TANF assistance
2. Previously in state foster care system.
3. Job training program
4. Single parent/dependent child
5. Married/joint return

PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a through 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. Housing Credit	b. HOME	c. Tax -exempt Housing Bond	d. National HTF	e. _____ <i>Name of program</i>
See Part V. above	Income Status ≤ 50% AMGI ≤ 60% AMGI ≤ 80% AMGI OI **	Income Status 50% AMGI 60% AMGI 80% AMGI OI **	Income Status 30% Poverty line 50% AMGI OI**	Income Status _____ _____ _____ OI**

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

PART IX. HOUSEHOLD DEMOGRAPHIC

HH Member #	Race Code	Ethnicity Code	Disabled? Y/N		Race Codes		Ethnicity Codes	
1					1 White		1 Hispanic or Latino	
2					2 Black/African American		2 Non-Hispanic or Latino	
3					3 American Indian/ Alaska Native			
4					4 Asian			
5					5 Native Hawaiian/Other			
6								
7								

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/We have provided for each person 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

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

INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

This 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. resyndication, unit transfer, change in household composition, or other state required recertification.)

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. For acquisition/rehabilitation where existing tenants are being initially certified within 120 days of the date of acquisition, the effective date is the date of acquisition. Otherwise, the effective date is the date the existing household signs the TIC.
Move-in Date	Enter the date the tenant has or will take occupancy of the unit.
Property Name	Enter the name of the development.
Address	Enter the address of the building.
BIN #	Enter the building identification number (BIN) assigned to the building (from IRS form 8609.)
County	Enter the county or equivalent in which the building is located.
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

List all occupants of the unit. State each household members' 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/Adult
L	Live-in Caretaker	N	None of the Above

Enter the date of birth, student status, and last 4 digits of the social security number or alien registration number for each occupant. If occupant does not have an SSN or alien registration number use the month/year of the occupants birthdate.

Example: If the occupant does not have an SSN and has a birth date of January 15, 1985, then 0185 would be entered in the SSN column.

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

PART III. GROSS ANNUAL INCOME

See HUD Handbook 4350.3 for complete instructions on verifying income, including acceptable forms of verification.

From the third party verification forms obtained from each income source, enter the gross amount anticipated to be received for twelve months from the effective date of the (re)certification. Complete a separate line for each income earning member of the household. 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 social 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.
Row (E)	Add the totals from columns (A) – (D), above. Enter this amount.

PART IV. INCOME FROM ASSETS

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

From the third party verification forms obtained from each asset source, list the gross amount anticipated to be received for twelve months from the effective date of the (re)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. Enter “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. Cash value is the market value less the expenses involved in converting the asset to cash.
Column (I)	Enter the anticipated annual income for the asset (i.e. savings account balance multiplied by the interest rate). Anticipated income is the market value multiplied by the interest rate for the asset.
TOTALS	Add the totals from columns (H) and (I). Enter this amount.

If the total in Column (H) is greater than \$5,000, you must do an imputed calculation of asset income. Enter the total cash value, multiply by current passbook rate and enter the amount for (J) Imputed Income.

Row (K)	Enter the greater of the totals in Column (I) or (J).
Row (L)	Total Annual Household Income from All Sources. Add (E) and (K). Enter this amount.

PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FOR ALL SOURCES	Enter the number from item (L).
Current Income Limit for family size	Enter the current move-in income limit for the household size at designated income limit for that unit.
Household income at move-in	For recertifications only. Enter the household income from the move-in certification.
Household size at move-in	On the adjacent line, enter the number of household members from the move-in certification.
Designated Income Restriction	Check the appropriate box for the income restriction that the household meets according to what is required by minimum set-aside(s) for the project, including the specific unit designation for Average Income Test developments.
Designated income limit * 140% (170% for deep rent skewing)	For recertifications only. Multiply the current maximum move-in income limit by 140% or 170% for deep rent skewing. Enter the total. Below, indicate whether the household income exceeds that total. If the gross annual income at recertification is greater than 140% (170% for deep rent skewing) of the current income limit, then the available unit rule must be followed. For units designated at 50% or below in Average Income Test developments, use 60% limit for the current income limit.

PART VI. RENT

Tenant Paid Rent	Enter the amount that the tenant pays toward rent, not including rent assistance payments, such as Section 8.
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, then enter zero.
Gross Rent for Unit	Enter the total amount of tenant paid rent plus utility allowance and any other non-optional/mandatory fees.
Rental Assistance	Enter the amount of rental assistance for the unit/tenant, if any.
Other non-optional/mandatory fees	Enter the amount of non-optional charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Maximum Rent Limit	Enter the maximum allowable gross rent for the unit.
Source of Rental Assistance	Check the appropriate box for whether or not rental assistance is provided to the unit. If the unit is rent assisted, check the type of rental assistance in one of the boxes below. If the rental assistance is not listed or is not federal, indicate the source of assistance.
Unit Meets Rent Restriction At	Check the appropriate rent restriction that the unit meets according to what is required by the minimum set-aside(s) for the project, including the specific unit designation for Average Income Test developments.

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 ineligible to rent the unit.

**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 Investment Partnerships (HOME) program, Tax-exempt Housing Bond, National Housing Trust Fund (HTF), or other housing program, leave those sections blank.

Housing Credit	See PART V. above.
HOME	If the property receives financing from the HOME program and the unit this household will occupy will count toward HOME program required set-asides, mark the appropriate box indicating the household’s income designation for purposes of HOME program.
Tax-exempt Housing Bond	If the property receives financing from the Tax-exempt Housing Bond program, mark the appropriate box indicating the household’s income designation for purposes of the Housing Bond program.
National HTF	If the property receives financing from HTF and this household’s unit will count toward the HTF program’s required set-asides, mark the appropriate box indicating the household’s income designation for purposes of HTF program.
Other	If the property participates in any other affordable housing program, complete the information as appropriate.

PART IX. HOUSEHOLD DEMOGRAPHIC

Please ask applicant(s)/resident(s) to provide their demographic information and disability status using the codes provided.

HOUSEHOLD CERTIFICATION AND SIGNATURES

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

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 for 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.