

TENANT INCOME CERTIFICATION

Initial Certification
 Recertification
 Other _____

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

PART I - DEVELOPMENT DATA

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

PART II. HOUSEHOLD COMPOSITION

HSLD MBR #	Last Name	First Name & M.I.	Relationship to Head of HSLD	Date of Birth (MM/DD/YY)	F/T Student?	Race	Ethnicity	Disabled?
1			H					
2								
3								
4								
5								
6								

DEMOGRAPHIC INFO (LIHTC PROJECTS ONLY) Voluntary by Tenant; Required of Management

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HSLD 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 V. DETERMINATION OF INCOME ELIGIBILITY

RECERTIFICATION ONLY:

Current Income Limit x 140%: \$ _____

TOTAL ANNUAL HOUSEHOLD INCOME

FROM ALL SOURCES:
From item (L) on page 1

[Empty box for Total Annual Household Income]

Household Meets Income Restriction at:

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

Household Income exceeds 140% at recertification:
 Yes No

Current Income Limit per Family Size: \$ _____

Household Income at Move-in: \$ _____

Household Size at Move-in: _____

[Empty box for Current Income Limit per Family Size]

PART VI. RENT

Tenant Paid Rent \$ _____

Rent Assistance: \$ _____ Type: _____

Utility Allowance \$ _____

Other non-optional charges: \$ _____

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

[Empty box for Gross Rent for Unit]

Unit Meets Rent Restriction at:
 60% 50% 40% 30% _____ %

Maximum Rent Limit for this unit: \$ _____

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

Yes No

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

- * Student Explanation:
- 1 TANF assistance
 - 2 Job Training Program
 - 3 Single parent/dependent child
 - 4 Married/joint return
 - 5 Formerly in foster care

Enter 1-5 _____

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. Tax Credit <input type="checkbox"/> See Part V above.	b. HOME <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	c. Tax Exempt <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	d. AHDP <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	e. _____ <input type="checkbox"/> (<i>Name of Program</i>) <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 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 _____