




U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-7000

OFFICE OF THE ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

April 10, 2020

MEMORANDUM FOR: All Community Planning and Development Field Office Directors,
Deputy Directors, and Program Managers

FROM:  John Gibbs, Acting Assistant Secretary for Community Planning
and Development (D)

SUBJECT: Availability of Waivers and Suspensions of the HOME Program
Requirements in Response to COVID -19 Pandemic

This memorandum provides guidance and the necessary statutory suspensions and regulatory waivers to enable HOME participating jurisdictions (PJs) affected by the Coronavirus Disease 2019 (COVID-19) pandemic to use HOME funds to address immediate housing needs and to help prevent spread of the virus. The memorandum is divided into two sections. Section I addresses PJs located in areas covered by a major disaster declaration made under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act). Section II describes regulatory waivers available to all HOME PJs, not just those included in a major disaster declaration. Provisions that are not specifically suspended or waived remain in full effect.

CPD Field Offices shall inform PJs of the availability of these suspensions and waivers. A PJ that intends to implement the HOME statutory suspensions and/or regulatory waivers identified below, must send written notification via e-mail to the CPD Division in its local HUD Field Office before it implements the waiver or suspension. This written notification must identify which suspensions and/or waivers the PJ plans to use.

Waiver and Suspension Authority

Section 290 of the Cranston-Gonzalez National Affordable Housing Act of 1990 (NAHA), as amended, authorizes HUD to suspend HOME statutory requirements to assist PJs in addressing the damage in an area for which the President has issued a major disaster declaration under Title IV of the Stafford Act and to assist them in disaster recovery.

Upon determination of good cause, in accordance with 24 CFR 5.110, HUD may waive regulatory provisions subject to statutory limitations. These provisions provide HUD the authority to make waiver determinations for the HOME program.

I. Statutory Suspensions and Regulatory Waivers Available Only to Major Disaster Areas

Pursuant to the authority provided in Section 290 of NAHA and 24 CFR 5.110, I hereby find good cause, as stated in the justifications that follow, to suspend the statutory provisions and waive the related regulatory provisions described below for PJs covered by a major disaster declaration under Title IV of the Stafford Act as a result of the COVID-19 pandemic. These suspensions and waivers are also available to any PJ that receives a major disaster declaration related to the COVID-

19 pandemic after the date of this memorandum. These suspensions and waivers are intended to provide maximum administrative flexibility to PJs and better assist low-and very low-income households as they deal with the effects of the COVID-19 pandemic.

1. 10% Administration and Planning Cap

Requirement: Limitation on the Use of HOME Funds for Administrative Costs

Citations: Section 212(c) of NAHA and 24 CFR 92.207

Explanation: These provisions limit the amount of HOME funds that a PJ may use for administrative and planning costs associated with its HOME award. A PJ may expend up to 10 percent of its annual HOME allocation, plus any program income received, for administrative and planning costs. These provisions are suspended to enable the PJ to expend up to 25 percent of its FY 2019 and FY 2020 allocations and program income received for administrative and planning costs.

Justification: This suspension is required to provide the PJ adequate funds to pay for the increased cost of administering HOME-related activities to address the effects of COVID-19, including attempts to prevent the spread of the virus. The suspension is also intended to relieve the PJ of the burden of identifying other general funds to pay HOME administrative and planning costs at a time when the State and local tax revenues that provide general operating revenue are decreasing.

Applicability: This suspension and waiver applies to the FY 2019 and FY 2020 HOME allocations of PJs that are covered by a major disaster declaration.

2. CHDO Set-aside Requirement

Requirement: Set-aside for Community Housing Development Organizations (CHDOs)

Citations: Section 231 of NAHA and 24 CFR 92.300(a)(1)

Explanation: These provisions establish a set-aside for CHDOs. The PJ must use 15 percent of each annual allocation of HOME funds only for housing owned, developed, or sponsored by CHDOs.

Justification: The suspension and waiver are required to relieve the PJ of requirements that may impede the obligation and use of funds to expeditiously assist families affected by the COVID-19 pandemic. Suspension of the CHDO set-aside will immediately make additional HOME funds available for activities such as tenant-based rental assistance for which CHDO set-aside funds cannot be used.

Applicability: The CHDO set-aside requirement is reduced to zero percent for the fiscal year 2017, 2018, 2019, and 2020 allocations of State and local PJs.

3. Limits and Conditions on CHDO Operating Expense Assistance

Requirement: Operating Assistance for Community Housing Development Organizations (CHDOs)

Citations: Section 212(g) and 234(b) of NAHA; 24 CFR 92.208 and 24 CFR 92.300(e) and (f)

Explanation: Section 212(g) of NAHA and 24 CFR 92.208 limit the amount of CHDO operating assistance that a PJ may provide to 5% of each annual HOME allocation. Section 234(b) of NAHA and 24 CFR 92.300(f) limit the amount of CHDO operating assistance, in combination with certain other forms of assistance, that each CHDO may receive to the greater of 50% of its annual operating budget or \$50,000. 24 CFR 92.300(e) requires a CHDO receiving operating assistance that is not currently receiving CHDO set-aside funding for a specific project to be expected to receive such funding within 24 months.

These statutory provisions are suspended and regulatory provisions are waived to permit a PJ to provide up to 10% of its FY 2019 and FY 2020 HOME allocations as operating assistance to CHDOs and to permit a CHDO to receive funding to fill operating budget shortfalls, even if the amount exceeds the higher of \$50,000 or 50% of its annual operating budget. Furthermore, PJs will not be required to include a provision in the written agreement with the CHDO that the CHDO is expected to receive CHDO set-aside funds within 24 months of receiving the additional operating assistance, as required in 24 CFR 92.300(e).

Justification: The suspension and waiver of these requirements is required to ensure that CHDOs are able to maintain operations and retain staff capacity to own, develop and sponsor housing with CHDO set-aside funds to serve communities impacted by the COVID-19 pandemic.

Applicability: PJs in areas covered by a major disaster declaration may use up to 10% of their FY 2019 and FY 2020 allocations for CHDO operating assistance. A CHDO receiving increased operating assistance must use the assistance to maintain organizational capacity during the COVID-19 pandemic. CHDOs may receive increased operating assistance under these suspensions and waivers through June 30, 2021.

4. Matching Contribution Requirements

Requirement: Reduction of Matching Contributions

Citation: 24 CFR 92.218 and 92.222(b)

Explanation: The provisions of 24 CFR 92.218 and 24 CFR 92.222(b) require all HOME PJs to contribute throughout the fiscal year to housing that qualifies as affordable housing under the HOME program. The contributions must total no less than 25 percent of the HOME funds drawn from the PJ's HOME Investment Trust Fund Treasury account. The COVID-19 pandemic has drastically reduced economic activity, reducing state and local tax revenues and placing financial strain on PJs as they deliver urgently needed public health, emergency housing, education, community and social services. Reducing the matching requirement for PJs in areas covered by a major disaster declaration by 100 percent for FY 2020 and FY 2021 will ease the economic burden on PJs and eliminate the need for them to identify other sources of match for HOME activities.

Justification: Given the urgent housing and economic needs created by COVID-19, and the substantial financial impact the PJ will face in addressing those needs, waiver of these regulations will relieve the PJ from the need to identify and provide matching contributions to HOME projects.

Applicability: This match reduction applies to funds expended by a PJ located in Presidentially declared-disaster area between October 1, 2019 and September 30, 2021.

II. **Regulatory Waivers Available to All Participating Jurisdictions**

The following regulatory waivers are available to all PJs, not just those PJs covered by a major disaster declaration under Title IV of the Stafford Act. Pursuant to the authority provided in 24 CFR 5.110, I hereby waive the HOME regulatory requirements specified below for all HOME PJs.

1. Citizen Participation Reasonable Notice and Opportunity to Comment

Citation: 24 CFR 91.105(c)(2) and (k) (Local governments), 24 CFR 91.115(c)(2) and (i) (States), and, 24 CFR 91.235(e) (Insular areas) 24 CFR 91.401 (Consortia)

Explanation: The regulations at 24 CFR 91.105(c)(2) and (k) (Local governments), 24 CFR 91.115(c)(2) and (i) (States), 24 CFR 91.235(e) (Insular Areas), and 24 CFR 91.401 (Consortia) set forth the citizen participation requirements for PJs. For substantial amendments to the consolidated plan, the regulations require the PJ to follow its citizen participation plan to provide citizens with reasonable notice and opportunity to comment. The citizen participation

plan must state how reasonable notice and opportunity to comment will be given. This waiver will permit PJs amending their plans as a result of the COVID-19 pandemic to reduce the comment period to 5 days.

Justification: Given the unprecedented economic disruptions caused by the COVID-19 pandemic, PJs may need to expeditiously reprogram HOME funds to activities that more directly meet their immediate housing needs, including reprogramming funds to cover increased administrative costs or away from other development activities. Requiring these PJs to complete the required public comment period would cause undue delays in the face of urgent and growing need. PJs must have the ability to respond immediately to the unprecedented housing need caused by the COVID-19 pandemic.

Applicability: This waiver is in effect for any necessary substantial amendments to FY 2020 and earlier consolidated plans or action plans.

2. Income Documentation

Requirement: Source Documentation for Income Determinations

Citations: 24 CFR 92.203(a)(1) and (2), 24 CFR 92.64(a) (Insular Areas)

Explanation: These sections of the HOME regulation require initial income determinations for HOME beneficiaries by examining source documents covering the most recent two months. 24 CFR 92.64(a) applies these requirements to Insular Areas.

Justification: This waiver permits the PJ to use self-certification of income, as provided at §92.203(a)(1)(ii), in lieu of source documentation to determine eligibility for HOME assistance of persons requiring emergency assistance related to COVID-19. Many families affected by actions taken to reduce the spread of COVID-19, such as business closures resulting in loss of employment or lay-offs, will not have documentation that accurately reflects current income and will not be able to qualify for HOME assistance if the requirement remains effective.

Applicability: The waiver applies to individuals and families that have lost employment or income either permanently or temporarily due to the COVID-19 pandemic and who are applying for admission to a HOME rental unit or a HOME tenant-based rental assistance program. This waiver also applies to homeless individuals and families who are applying for admission to a HOME rental unit or a HOME tenant-based rental assistance program. Timely provision of this assistance will reduce the spread of COVID-19.

If a PJ chooses to use this waiver availability, the PJ must ensure that self-certified income takes into consideration all income, including any

unemployment and emergency benefits the applicant will receive. However, for purposes of an applicant's self-certification, emergency tax relief (commonly referred to as stimulus payments) is not to be included as an emergency benefit. Also, the PJ must arrange to conduct on-site rent and income reviews within 90 days after the waiver period. The PJ must include tenant income certifications in each project file. This waiver remains in effect through December 31, 2020.

3. On-Site Inspections of HOME-assisted Rental Housing

Requirement: Ongoing Periodic Inspections of HOME-assisted Rental Housing

Citation: 24 CFR 92.504(d)(1)(ii) and 24 CFR 92.64(a) (Insular Areas)

Explanation: These provisions require that during the period of affordability PJs perform on-site inspections of HOME-assisted rental housing to determine compliance with the property standards at §92.251 and to verify the information submitted by the owners in accordance with the income and rent requirements of §92.252. On-site inspections must occur at least once every three years during the period of affordability. 24 CFR 92.64(a) applies these requirements to Insular Areas.

Justification: Waiving the requirement to perform ongoing on-site inspections will help protect PJ staff and limit the spread of COVID-19. To protect PJ staff and reduce the spread of COVID-19, this waiver extends the timeframe for PJs to perform on-going periodic inspections and on-site reviews to determine a HOME rental project's compliance with property standards and rent and income requirements.

Applicability: The waiver is applicable to ongoing periodic inspections and does not waive the requirement to perform initial inspections of rental properties upon completion of construction or rehabilitation. Within 120 days of the end of this waiver period, PJs must physically inspect units that would have been subject to on-going inspections during the waiver period. The waiver is also applicable to on-site reviews to determine a HOME rental project's compliance with rent and income requirements if the project owner is unable to make documentation available electronically. The waiver is in effect through December 31, 2020

4. Annual Inspection of Units Occupied by Recipients of HOME Tenant-Based Rental Assistance (TBRA)

Requirement: Annual Inspections of TBRA Units

- Citation: 24 CFR 92.504(d)(1)(iii); 24 CFR 92.209(i) requirement for annual re-inspections and 24 CFR 92.64(a) (Insular Areas)
- Explanation: These provisions require PJs to annually inspect each unit occupied by a recipient of HOME TBRA. 24 CFR 92.64(a) applies these requirements to Insular Areas.
- Justification: Waiving the requirement that these annual inspections be performed according to schedule will protect the health of both inspectors and TBRA tenants by observing physical distancing recommendations to limit the spread of COVID-19.
- Applicability: The waiver is applicable to annual HQS inspections required to occur from the date of this memorandum through December 31, 2020. At the end of this waiver period, PJs must inspect units that would have been subject to HQS inspections during the waiver period within 120 days of the expiration of the waiver. In addition, PJs shall make reasonable efforts to address any tenant-reported health and safety issues during the waiver period.

5. Four-Year Project Completion Requirement

- Requirement: Four-Year Project Completion Deadline
- Citation: 24 CFR 92.205(e)(2) and 24 CFR 92.64(a) (Insular Areas)
- Explanation: The provision requires that projects assisted with HOME funds be completed within 4 years of the date that HOME funds were committed. If the project is not complete, in accordance with the definition of “project completion” at 24 CFR 92.2, by the deadline, the project is involuntarily terminated in HUD’s Integrated Data Information System (IDIS), and the PJ must repay all funds invested in the project. The regulations permit a PJ to request an extension of the deadline for up to one-year. 24 CFR 92.64(a) applies these requirements to Insular Areas.
- Justification: This waiver is necessary to provide additional time to permit completion of HOME-assisted projects that may be delayed as a result of the impact of COVID-19 on project timelines. These delays may occur as a result of worker illnesses or efforts to reduce the spread of COVID-19, such as smaller construction crews or delays in local permitting or inspections due to government office closures.
- Applicability: This waiver applies to projects for which the 4-year project completion deadline will occur on or after the date of this memorandum. The completion deadlines for covered projects are extended to December 31, 2020.

6. Nine-Month Deadline for Sale of Homebuyer Units

- Requirement: Qualification as Affordable Housing: Homeownership
- Citation: 24 CFR 92.254(a)(3) and 24 CFR 92.64(a) (Insular Areas)
- Explanation: This provision requires that a homebuyer housing unit developed with HOME funds have a ratified contract for sale to an eligible homebuyer within 9 months of the date of completion of construction or rehabilitation. If there is no ratified sales contract with an eligible homebuyer within 9 months of completion of construction or rehabilitation, the housing must be rented to an eligible tenant in accordance with §92.252. 24 CFR 92.64(a) applies these requirements to Insular Areas.
- Justification: Many PJs will not be able to meet this deadline due to the effect the COVID-19 pandemic will have on the ability of eligible households to qualify for mortgages as a result of income losses or the inability to schedule inspections, titles searches, or closings during periods of business closures. The waiver is necessary to prevent the loss of homeownership opportunities for HOME-eligible families and temporarily suspend the required corrective action of repayment of HOME funds or conversion of the homebuyer units to rental housing.
- Applicability: The waiver applies to projects for which the 9-month homebuyer sale deadline occurs on or after the date of this memorandum and extends the deadline for those projects to December 31, 2020. This waiver does not apply to the remaining requirements of the regulation, including that a homebuyer must receive housing counseling, and that a PJ must determine eligibility of a family by including the income of all persons living in the housing.

7. Use of HOME Funds for Operating Reserves for Troubled HOME Projects

- Requirement: Troubled HOME Projects
- Citations: 24 CFR 92.210(a) and (b) and 24 CFR 92.64(a) (Insular Areas)
- Explanation: 24 CFR 92.210 establishes provisions to permit HOME rental projects that are not financially viable (i.e., projects for which operating costs significantly exceed operating revenue) to be preserved through the use of HOME funds to recapitalize project reserves. 24 CFR 92.210(a) requires HUD to review market needs, available resources, and the likelihood of long-term viability of the project before approving this use of HOME funds. 24 CFR 92.210(b) requires a written memorandum of agreement between HUD and the PJ as a precondition of this funding and certain

limitations on the amount of funding. 24 CFR 92.64(a) applies these requirements to Insular Areas.

Justification: The waiver is necessary to enable PJs to take rapid action to preserve the financial viability of HOME-assisted affordable rental projects currently under a HOME period of affordability. Because existing tenants in HOME units may be unable to meet their rent obligations due to the economic impact of the COVID-19 pandemic, HOME rental projects may experience operating deficits due to the sudden decrease in rental revenue.

Applicability: The waiver applies to HOME-assisted rental projects currently within the period of affordability established in the HOME written agreement. PJs will not be required to obtain HUD approval or execute a memorandum of agreement with HUD before providing this assistance. PJs may only exercise this waiver authority when the project owner agrees to forego: 1) any distributions of residual receipts resulting from the project throughout the waiver period and for a period of 6 months thereafter; 2) any right under the existing lease agreement or State or local law to pursue legal action against tenants of HOME-assisted units for non-payment of rent and the collection of any fees associated with late payments without prior approval of the PJ; and 3) any adverse credit reporting against tenants of HOME-assisted units for nonpayment of rent or fees without prior approval of the PJ.

The PJ may provide additional HOME funds to recapitalize operating deficit reserves for HOME-assisted rental projects if the PJ determines that the project is experiencing operating deficits related to the economic effects of the COVID-19 pandemic during the waiver period. The PJ may only provide this assistance to projects experiencing operating deficits that will not be covered by insurance or other sources (e.g., other private, local, state, or federal funds).

The maximum amount of HOME assistance that may be provided is equal to the total of the project's operating expenses, previously scheduled payments to a replacement reserve, and actual debt service (excluding debt service of loans in forbearance) multiplied by the proportionate share of HOME-assisted units to the total number of units in the project for the period beginning on April 1, 2020 and ending on December 31, 2020. Project operating expenses may be demonstrated by one of the following:

- The Owner's most recent year to date financials for the project;
- Certified project-level accounting records covering the most recent 3 months; and
- Copies of project-level bank statements covering the most recent 3 months.

Project operating expenses may also be adjusted due to COVID-19-related expenditures and foregone expenses due to social distancing measures and other COVID-19-related impacts. An owner may demonstrate these expenses with recent receipts, copies of work orders, revised budgets that have been certified by the project owner as true, accurate representations of current expenditures.

In order to take advantage of this waiver, PJs must amend the HOME written agreement with the project owner to include the amount of HOME funds that will be provided to an operating reserve (i.e., the proportion of total costs attributable to HOME units as described in the paragraph above), the costs eligible to be paid with HOME funds in the operating reserve (i.e., operating expenses, scheduled payments to a replacement reserve, and qualifying debt service), and the documentation the PJ is required to maintain to demonstrate the allowable amounts and eligibility of costs paid with the HOME funds in the operating reserve.

The written agreement must specify that the owner must forego: 1) any distributions of residual receipts during the period this waiver is in effect and for a period of 6 months thereafter; 2) any right under the existing lease agreement or State or local law to pursue legal action against tenants of HOME-assisted units for non-payment of rent and the collection of any fees associated with late payments without prior approval of the PJ; and 3) any adverse credit reporting against tenants of HOME-assisted units for nonpayment of rent or fees without prior approval of the PJ.

Within 6 months following the waiver period, the PJ must review the project's records of actual revenue and operating expenses, total amount of HOME funds expended from the operating reserve, and the eligibility of expenses by examining invoices and receipts. The written agreement must require the project owner to repay any expenditures for costs determined to be ineligible and any balance of HOME funds remaining in the reserve after December 31, 2020. Any HOME funds repaid to the PJ must be deposited in the local HOME account and reported as program income in IDIS.

The waiver is effective through December 31, 2020.

8. Timeframe for a Participating Jurisdiction's Response to Findings of Noncompliance

Requirement: Corrective and Remedial Actions

Citations: 24 CFR 92.551(b)(1) and 24 CFR 92.64(a) (Insular Areas)

Explanation: 24 CFR 92.551(b)(1) requires that if HUD determines preliminarily that a PJ has not met a provision of the HOME regulations, the PJ must be notified and given an opportunity to respond within a time period prescribed by

HUD, not to exceed 30 days. 24 CFR 92.64(a) applies this requirement to Insular Areas.

Justification: The waiver is necessary to permit HUD to provide PJs with an extended period to respond to findings of noncompliance in recognition of the unanticipated circumstances created by the COVID-19 pandemic. While HUD must continue its oversight function for the HOME Program, requiring PJs to respond to all findings of noncompliance within 30 days may interfere with a PJ's ability to address the unprecedented housing needs caused by the COVID-19 pandemic.

Applicability: The waiver applies to all findings of HOME regulatory noncompliance issued from the date of this memorandum through December 31, 2020. In the notice of findings, HUD will specify a time period for the PJ's response based on the nature of the noncompliance and required corrective action(s). HUD may also, upon request by the PJ, extend time periods imposed before the date of this memorandum.

Questions regarding this waiver should be directed to Virginia Sardone, Director, Office of Affordable Housing Programs (OAHP), or your OAHP desk officer. Participating jurisdictions and other HOME Program participants should contact the CPD Division of their local HUD Field Office.

DATE: April 28, 2020

TO: HOME Development Owners/Managers

SUBJECT: **HUD Memo: Availability of Waivers and Suspensions of the HOME Program Requirements in Response to COVID-19 Pandemic**

U.S. Department of Housing and Urban Development released a memorandum on April 10, 2020 titled “Availability of Waivers and Suspensions of the HOME Program Requirements in Response to COVID-19 Pandemic,” to all HOME participating jurisdictions (PJs). The memo provided guidance about statutory suspensions and regulatory waivers that address housing needs and help prevent spread of COVID-19 (Coronavirus Disease 2019).

Alaska Housing Finance Corporation is the PJ for Alaska. AHFC applied for and received waivers for the HOME program. For developments in their affordability period, there are two waivers of particular importance to developments owners and managers.

Income Determination

This HUD-authorized waiver permits the owner to use self-certification of income as provided at §92.203(a)(1)(ii) in lieu of source documentation to determine eligibility for HOME assistance. This waiver only applies to applicants who have lost employment or income due to the COVID-19 pandemic, and applicants who are homeless and are applying for admission in a HOME rental development. Applicants who fail to meet one of these exceptions are still required to complete income determination by examining source documents for the most recent two months.

AHFC requires that HOME rental development owners complete the following forms to document program eligibility for households completing a self-certification of income in these cases:

- 1) Certification of Waiver Eligibility
- 2) Tenant Income Questionnaire (AHFC Form VF-0001)
- 3) Asset Certification (AHFC Form HC-0005)
- 4) Annual Student Certification Form (AHFC Form VF-0033)
- 5) HOME Program Tenant Income Certification (AHFC Form HC-0003), signed by all adult household members.

HUD requires that AHFC conduct an on-site review of rent and income within 90 days after the waiver period (December 31, 2020). Onsite review will include examination of all five HOME assisted tenant forms to ensure compliance with HUDs memo.

Prior to implementation, owners who wish to apply this waiver to their development must complete the attached ‘Income Determination Waiver Request’ to advise AHFCs Internal Audit department.

Onsite Inspections of HOME-assisted Rental Housing

To limit the spread of COVID-19, this HUD-authorized waiver extends the timeframe for AHFC to complete physical inspections and file reviews to determine HOME Rental Development's compliance with property standards and rent and income requirements.

All 2020 physical inspections are required by HUD to be completed within 120 days of the end of the waiver period (December 31, 2020). Physical inspection by AHFC will include the development's common areas and HOME assisted units. In addition, AHFC will examine all HOME assisted tenant files in cases where they were not previously supplied electronically.

The guidance provided in this memo is only applicable to the HOME program. Developments with multiple funding sources will need to review requirements of the other housing programs to insure compliance.

We have attached a copy of the above-referenced HUD Memorandum dated April 10, 2020. Should you have any questions regarding this issue please feel free to contact me directly at (907) 330-8414.

Sincerely,



Jerusha Gatfield
Compliance Officer
Internal Audit Department
Alaska Housing Finance Corporation

Enclosure: CPD Memo: Availability of Waivers and Suspensions of the HOME Program Requirements in Response to COVID-19 Pandemic

Certification of Waiver Eligibility

Tenant Income Questionnaire (AHFC Form VF-0001)

Asset Certification (AHFC Form HC-0005)

Annual Student Certification Form (AHFC Form VF-0033)

HOME Program Tenant Income Certification (AHFC Form HC-0003)

'Income Determination Waiver Request'

Certification of Waiver Eligibility

Household Name: _____ Unit No. _____

This development provides affordable housing under the Home Investment Partnerships (HOME) program. HOME regulations require initial income determinations for HOME beneficiaries by examining source documents covering the most recent two months. However, due to the COVID-19 pandemic the Office of Housing and Urban Development (HUD) has issued a waiver allowing Owners of HOME developments to allow select applicants the ability to provide a self-certification of income in lieu of source documentation to determine eligibility for HOME assistance through December 31, 2020.

Please identify below if your household meets one of the following exceptions:

- My household has lost employment or income either permanently or temporarily due to the COVID-19 pandemic.
- My household is homeless as defined by AS 18.56.090(f) as identified below:
 - Sharing the housing of other individuals because of loss of housing, economic hardship, domestic violence, or a similar reason;
 - Living in a motel, hotel, trailer park, or camping ground because of the lack of alternative adequate accommodations;
 - Living in an emergency or transitional shelter;
 - Abandoned in a hospital;
 - Waiting for a foster care placement;
 - Have a primary nighttime residence that is a public or private place not designed for ordinarily used as a regular sleeping accommodation for human beings;
 - Living in a car, a park, a public space, an abandoned building, substandard housing, a bus or train station, or a similar setting;
 - Fleeing a domestic violence situation, does not have an alternative residence, and lacks the resources and support needed to obtain housing;
 - Being evicted within a week, does not have an alternative residence, and lacks the resources and support needed to obtain housing;
 - Being discharged within a week from an institution, including a mental health treatment facility, substance abuse treatment facility, or prison, in which the individual has been a resident for more than 30 consecutive days, does not have an alternative residence, and lacks the resources and support needed to obtain housing.

This certification is made as part of the qualification procedure to determine eligibility for residency in a HOME development with income restrictions. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

TENANT INCOME QUESTIONNAIRE

NAME: _____

TELEPHONE NUMBER: _____

Initial Certification

Re-certification

Other _____

Development Name _____

Unit # _____

EACH ADULT HOUSEHOLD MEMBER MUST COMPLETE THIS FORM

INCOME INFORMATION

Yes	No		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	(use <u>net</u> income from self employment) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	 \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have seasonal employment (fishing, agriculture, tourist industry, etc.): <u>Identify type of seasonal employment</u> (identify employer if applicable) 1) _____ 2) _____	 \$ _____ (per season) \$ _____ (per season)
<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts, including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic Social Security payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, SSI, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, APA, ATAP, AFDC, General Assistance).	\$ _____

NAME: _____

UNIT # _____

INCOME INFORMATION CONTINUED

YES	NO		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	If yes, from how many persons do you receive support? _____ I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal maintenance payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real estate or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from Alaska Senior Care program.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from Native Dividends. List sources: _____ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household will receive the Alaska Permanent Fund Dividend. If yes, how many people will receive the dividend? _____	\$ _____

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list all bank(s). 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list all bank(s). 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

NAME: _____

UNIT # _____

ASSET INFORMATION CONTINUED

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have an online bank account(s). If yes, list all institution(s). 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a debit card(s). If yes, list type of card(s). 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s). If yes, list bank(s). 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description and location: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills. If yes, list sources/bank names. 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names. 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA / Lump Sum Pension / Keogh Account / 401K. If yes, list bank(s). 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a <u>whole</u> life insurance policy. If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____

NAME: _____

UNIT # _____

ASSET INFORMATION CONTINUED

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE

HOME ASSET CERTIFICATION

Complete only one form per household; include assets of children.

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

Complete the following:

1. Choose one:

I/we do not have any assets at this time. (if this box is checked, draw a line through the asset information below, place a zero in #3, sign and date)

OR

My/our assets include:

(Please complete fully. Put a zero in any blank line that does not apply)

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safe Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Online Bank Account	\$ _____	_____	\$ _____	Debit/gift card
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Choose one:

Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$_____ (*the difference between FMV and the amount received, for each asset on which this occurred).

I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

3. Please complete:

The net household assets (as defined in 24 CFR 813.102) are identified above and the total annual income (add all annual income columns) from the net household assets is \$_____ . This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant

Date

Applicant/Tenant

Date

ANNUAL STUDENT CERTIFICATION
(This form must be completed by each adult household member)

NAME: _____

UNIT # _____

UNIT DESIGNATION LIHTC HOME LIHTC & HOME

Complete the following if occupying a LIHTC unit

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Will all of the persons in your household be or have they been full-time students (Kindergarten and higher. Examples: Elementary, High School, College/University, trade school, etc.) during five (5) calendar months of the current and/or upcoming calendar year? <i>(Please note that the five calendar months do not have to be consecutive)</i>
--------------------------	--------------------------	---

If you answered NO to this question please proceed to the bottom of the questionnaire and sign and date.

If you answered YES to this question please specify which of the following exceptions your household meets.

<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?
<input type="checkbox"/>	<input type="checkbox"/>	Are you enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?
<input type="checkbox"/>	<input type="checkbox"/>	Are you married and filing a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	Are you a single parent with a dependent child or children and neither you nor your child(ren) are dependent(s) of another individual other than a parent of such children
<input type="checkbox"/>	<input type="checkbox"/>	Are you a student who was previously under the care and placement responsibility of the state agency responsible for administering a plan under part B or part E of title IV of the Social Security Act

If none of the above five (5) exceptions have been identified, the household does not qualify to reside in a LIHTC unit.

Complete the following if occupying a HOME unit

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Are you a student at an institution of higher education (including but not limited to post-secondary colleges / universities and vocational institutes)?
--------------------------	--------------------------	--

If you answered NO to this question please proceed to the bottom of the questionnaire and sign and date.

If you answered YES to this question please specify which of the following exceptions your household meets.

<input type="checkbox"/>	<input type="checkbox"/>	Are you over the age of 24?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a veteran of the United States military?
<input type="checkbox"/>	<input type="checkbox"/>	Are you married?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a dependent child?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been independent of your parents for at least one year? <i>(emancipated minor or youth aging out of foster care)</i>

If none of the above five (5) exceptions has been identified, the household must income qualify including the income and assets of their parents.

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

 PRINTED NAME OF APPLICANT/TENANT

 SIGNATURE OF APPLICANT/TENANT

 DATE

 WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

 DATE



HOME PROGRAM TENANT INCOME CERTIFICATION

Initial Certification Recertification Other _____

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

PART I - DEVELOPMENT DATA

Property Name: _____ County: _____
 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)	Social Security or Alien Reg. No.
1			HEAD		
2					
3					
4					
5					
6					
7					

PART III. GROSS ANTICIPATED 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

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:			\$ _____	\$ _____
Total Cash Value		Passbook Rate	= (J) Imputed Income \$ _____	
If (H) is over \$5000		\$ _____ X _____%	= (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) and (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.

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

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1	\$	Household Meets Income Restriction at:	Current 80% Median Income Limit: \$
		<input type="checkbox"/> 60% <input type="checkbox"/> 50%	Household Income exceeds 80% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> 40% <input type="checkbox"/> 30%	
		<input type="checkbox"/> _____%	
Current Maximum Income Limit per Family Size:	\$ _____		
Household Income at Move-in:	\$ _____	Household Size at Move-in:	_____

PART VI. RENT

Tenant Paid Rent	\$ _____	Rent Assistance:	\$ _____
Utility Allowance	\$ _____	Other non-optional charges:	\$ _____
GROSS RENT FOR UNIT: (Tenant Paid Rent plus Utility Allowance plus Rent Assistance & non-optional charges)	\$	Unit Meets	<input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40%
		Rent Restriction at:	<input type="checkbox"/> 30% <input type="checkbox"/> _____%
Maximum Rent Limit for this unit:	\$ _____		

PART VII. 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.

<p>a. HOME <input type="checkbox"/></p> <p><i>Income Status</i></p> <p><input type="checkbox"/> ≤ 50% AMGI</p> <p><input type="checkbox"/> ≤ 60% AMGI</p> <p><input type="checkbox"/> ≤ 80% AMGI</p> <p><input type="checkbox"/> OI**</p>	<p>b. _____ <input type="checkbox"/></p> <p align="center"><i>(Name of Program)</i></p> <p><i>Income Status</i></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> OI**</p>
---	--

** 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 HUD's HOME Program and the Declaration of Covenants, Conditions, and Restrictions (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE

INSTRUCTIONS FOR COMPLETING THE TENANT INCOME CERTIFICATION (ver. 2/11)

This form is to be completed by the owner or its 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., a unit transfer, a change in household composition, or other state-required recertification).

Move-in Date Enter the date the tenant has or will take occupancy of the unit.

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.

Property Name Enter the name of the development.

County Enter the county 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 member's 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(ren)
L	-	Live-in caretaker	N	-	None of the above

Enter the date of birth and social security number or alien registration number for each occupant.

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

Part III - Gross Anticipated Annual Income

See HUD Handbook 4350.3 for complete instructions on verifying and calculating 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 the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member. 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 Security Income, pensions, military retirement, etc.

Column (C) Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, General Relief, APA, Senior Care, etc.).

Column (D) Enter the annual amount of alimony, child support, unemployment benefits, PFD, or any other income regularly received by the household.

Column (E) Add the totals from columns (A) through (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. (HOME program requires source documents for verification.)

From the third party verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the 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, money market, whole life insurance, real estate, etc.)
Column (G)	Enter C (for current, if the family currently owns or holds the asset), or 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.
Column (I)	Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
TOTALS	Add the total of Column (H) and Column (I), respectively.

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 **the current passbook rate** and enter the amount in (J), Imputed Income.

Column (K) Enter the greater of the total in Column (I) or (J).

(L) Total Annual Household Income From all Sources Add (E) and (K) and enter the total.

HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 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 5 days prior to the effective date of the certification.

Part V - Determination of Income Eligibility

Total Annual Household Income from all Sources	Enter the number from item (L).
Current Income Limit per Family Size	Enter the Current Maximum Move-in Income Limit for the household size.
Household income at move-in Household size at move-in	Fill this in for recertifications, only. Enter the household income from the move-in certification. On the adjacent line, enter the number of household members from the move-in certification.
Household Meets Income Restriction at	Check the appropriate box for the income restriction that the household meets according to what is required by the set-aside(s) for the project.
Current 80% Income Limit	For recertifications only. Obtain HUD current 80% AMI Income Limit enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 80% of the current AMI, then the owner must adjust the tenants rent in accordance with the HOME program. The unit the tenant occupies is still considered a HOME unit. Owners with "floating" home units must rent the next available unit of comparable or larger size to a HOME eligible household.

Part VI - Rent

Tenant Paid Rent	Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).
Rent Assistance	Enter the amount of rent assistance, such as Section 8 HAP, if any.
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Other non-optional charges	Enter the amount of <u>non-optional</u> charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Gross Rent for Unit	Enter the total of Tenant Paid Rent plus Subsidy plus Utility Allowance plus other non-optional charges.
Maximum Rent Limit for this unit	Enter the maximum allowable gross rent for the unit. (Verify HOME Limit eff. date)
Unit Meets Rent Restriction at	Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project.

Part VII – 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 another other housing program, leave that section blank.

HOME If the property participates in the HOME program and the unit this household will occupy will count towards the HOME program set asides, mark the appropriate box indicting the household's designation.

Other If the property participates in any other affordable housing program, complete the information as appropriate.

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 HOME program compliance.

These instructions should not be considered a complete guide on HOME program compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s).

Income Determination Waiver Request

On April 10, 2020, the U.S. Department of Housing and Urban Development (HUD) released a memorandum providing guidance on statutory suspensions and regulatory waivers to address housing needs and help prevent the spread of COVID-19. **The guidance provided in the memorandum is only applicable to the HOME program.**

Owners wishing to take advantage of the Income Determination waiver must complete and return this form to AHFC's Internal Audit Department prior to implementing a policy allowing self-certification of income.

Development Name: _____

Address: _____

Current Owner: _____ **Phone #** _____

Address: _____

OCCUPANCY INFORMATION:

_____ Number of very low income 50% (LOW HOME units)

_____ Number of low income 60% (HIGH HOME units)

_____ Number of low income 80% (HIGH HOME units 61-80%)

_____ Number of market rate (non-HOME Assisted units)

By signing this document, I am choosing to use self-certification of income for applicants who have lost employment or income due to the COVID-19 pandemic and for applicants who are homeless and are applying for admission in a HOME rental development. I understand that for applicants who do not meet these criteria I will be required to complete income determination by examining source documents for the most recent two months.

Signature of Property Owner

Printed Name of Property Owner

Date