

TENANT INCOME CERTIFICATION
☐ Initial Certification ☐ Recertification ☐ Other _____

 Effective Date: _____
 Move-in Date: _____
 (MM/DD/YYYY)
PART I - DEVELOPMENT DATA
 Development: _____ County: _____ BIN #: _____
 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						

PART III. GROSS ANTICIPATED ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment/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

HH Mbr #	(F) Type of Asset	(G) C/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$	(M) Total Actual Income:	\$
(N) TOTAL NET FAMILY ASSETS:				\$	(O) Total Imputed Income:	\$

(P) TOTAL INCOME FROM ASSETS [(M) + (O)]:

\$

(Q) Total Annual Household Income from all Sources [Add (E) + (P)]

\$

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. 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)



PART V. DETERMINATION OF INCOME ELIGIBILITY**RECERTIFICATION ONLY:**

TOTAL ANNUAL HOUSEHOLD INCOME FROM
ALL SOURCES:
From item (Q) on page 1

\$

Household Meets
Income Restriction
at:

- ☐ 60% ☐ 50%
☐ 40% ☐ 30%
☐ ____%

Current Income Limit x 140%:

\$

Household Income exceeds 140%
at recertification:
☐ Yes ☐ No

Current Income Limit per Family Size: \$

Household Income at Move-in: \$

Household Size at Move-in: _____

in:

PART VI. RENT

Tenant Paid Rent \$

Utility Allowance \$

Rent Assistance: \$

Other non-optional charges: \$

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

\$

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 Student previously under the care of the state

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 ☐

See Part V above.

b. HOME ☐

Income Status

- ☐ ≤ 50% AMGI
☐ ≤ 60% AMGI
☐ ≤ 80% AMGI
☐ OI**

c. Tax Exempt ☐

Income Status

- ☐ 50% AMGI
☐ 60% AMGI
☐ 80% AMGI
☐ OI**

d. NHTF ☐

Income Status

- ☐ 30% AMGI
☐ OI**

e. _____ ☐
(Name of Program)

Income Status

- ☐ _____
☐ _____
☐ OI**

** 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 verifications 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 the LIHTC/HOME/NHTF/SCHDF Program, and the Land Use Restriction Agreement applicable, to live in a unit in this Development.

Signature of Owner/Representative

Date



This institution is an equal
opportunity provider.

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 (i.e., a unit transfer, a change in household composition, corrective actions requiring a revised TIC, 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.

Development Name Enter the name of the development.

County Enter the county (or equivalent) in which the building is located.

BIN # Enter the Building Identification Number (BIN) assigned to the building and listed on IRS Form 8609.

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)/adult(s)
L	-	Live-in Aid	N	-	None of the above

Enter the date of birth, student status, and last four digits of the social security number or alien registration number for each occupant (not a requirement of the LIHTC program).

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 - Annual Income

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

From the verifications obtained for 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/annuities, 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, Alaska PFD or any other income regularly received by the household.
Row (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.

From the verifications 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, 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 (N) for Non-Necessary Personal Property or (R) for Real Property
Column (I)	Enter the cash value of the asset.
Column (J)	Enter (A) if annual income is the actual income from the asset. Enter (I) if the annual income is the imputed income from the asset. If the imputing income threshold, of \$50,000 has not been met, enter (N/A).
Column (K)	Enter all actual and imputed annual income from the assets.
Row (L)	Enter the total cash value of all Non-Necessary Personal Property if over \$50,000. Enter zero if under \$50,000
Row (M)	Enter the total of all actual income from assets.
Row (N)	Enter the total cash value of all net family assets.
Row (O)	Enter the total of all imputed income from assets.
Row (P)	Total Income From Assets. Add (M) and (O) and enter the total.
Row (Q)	Total Annual Household Income From all Sources. Add (E) and (P) 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 (Q).
Current Income Limit per Family Size	Enter the Current Income Limit for the household size.

Household income at move-in
Household size at move-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

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 Income Limit x 140%

For recertifications only. Multiply the Current Maximum Income Limit by 140% and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% of the current income limit, then the available unit rule must be followed.

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, if any.

Utility Allowance

Enter the utility allowance. If the owner pays all utilities, enter zero.

Other Non-Optional Charges

Enter the amount of non-optional charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, rental sales tax, etc.

Gross Rent for Unit

Enter the total of Tenant Paid Rent plus Utility Allowance and other non-optional charges.

Maximum Rent Limit for this unit

Enter the maximum allowable gross rent for the unit.

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 - 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, Tax-Exempt Bond, or other housing program, leave those sections blank.

Tax Credit

See Part V above.

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 indicating the household's designation.

Tax-Exempt

If the property participates in the Tax-Exempt Bond program, mark the appropriate box indicating the household's designation.

NHTF

If the property participates in the National Housing Trust Fund (NHTF), and this household's unit will count towards the set-aside requirements, mark the appropriate box indicating 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 tax credit compliance.

These instructions should not be considered a complete guide on affordable housing compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.