

# HOME TENANT INCOME CERTIFICATION

(Use this Form only for Projects without LIHTC funding)

Initial Certification     Recertification     Other \_\_\_\_\_

Effective Date: \_\_\_\_\_

Move-in Date: \_\_\_\_\_  
(MM/DD/YYYY)

## PART I - DEVELOPMENT DATA

Property Name: \_\_\_\_\_ County: \_\_\_\_\_  
Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Last 4 digits of Social Security Number or Alien Reg. No.
1					
2					
3					
4					
5					
6					
7					
8					

## PART II GROSS ANNUAL INCOME

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Add totals from (A) through (D), above **Total Income (E) = \$**

## PART III. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
<b>TOTALS</b>			<b>\$</b>	<b>\$</b>

Enter Column (H) Total Passbook Rate  
If over \$5000 \$ \_\_\_\_\_ X 2.00% = \$ \_\_\_\_\_ (J) **Imputed Income (J) = \$**

Enter the greater of the total of column I, or J: imputed income **Total Income from Assets (K) = \$**

**Add (E) + (K) Total Annual Household Income from all Sources (L) = \$**

## 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.***

**My signature on this date certifies the accuracy of the income/assets listed above for the effective date of this Tenant Income Certification. (If signed prior to the effective date, it is my responsibility to report any changes in income or household composition in order to enable management to update the certification with accurate information.)**

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

**PART IV. DETERMINATION OF INCOME ELIGIBILITY**

Total Annual Household Income From all Sources: \$ _____ From item (L) on page 1 _____  Current Income Limit per Family Size: \$ _____  Household Income at Move-in: \$ _____	Household Meets Income Restriction at: _____ % MFI  Required HOME Rent Restriction: <input type="checkbox"/> High HOME <input type="checkbox"/> Low HOME <input type="checkbox"/> Group Home <input type="checkbox"/> Non-HOME *	<b>RECERTIFICATION ONLY:</b> Current 80% MFI Income Limit: (per family size) \$ _____  Household Income exceeds 80% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Household Size at Move-in: _____ Current Household Size: _____		

**PART V. RENT**

A) Tenant Paid Rent \$ _____  B) Utility Allowance \$ _____  C) Rent Assistance * \$ _____  D) Any Non-Optional Charges \$ _____	<input type="checkbox"/> TBA <input type="checkbox"/> PBA <input type="checkbox"/> Other: _____
<b>Gross rent for unit:</b> \$ _____  <b>1. Add A, B and D if no rental assistance</b> <b>2. Add A, B, C, and D if there is rental assistance paid to the property based on the household's income. (see NOTE below)</b>  *HOME maximum published gross rents may be exceeded <b>only if:</b> - rent assistance is project-based; - household income is less than 50% of AMI; & - household rent paid = 30% of adjusted income	Unit Meets Rent Restriction at: <input type="checkbox"/> High HOME <input type="checkbox"/> Low HOME <input type="checkbox"/> Group Home <input type="checkbox"/> Non-HOME * *If Non-HOME explain: _____ _____ _____
Maximum Gross Rent Limit for this unit: (High, Low, or FMR HOME Published Rent) \$ _____	Please check required designation: <input type="checkbox"/> Fixed Unit <input type="checkbox"/> Floating Unit

**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 I of this Tenant Income Certification is/are eligible under the provisions of CFR Part 92 (HOME Final Rule), as amended, and other recorded HOME Restrictive Agreements (if applicable), to live in a unit in this Project.

\_\_\_\_\_  
 Printed Name of Owner/Representative

\_\_\_\_\_  
 Signature of Owner/Representative

\_\_\_\_\_  
 Signature Date

**NOTE:** Calculation of Gross Rent (HOME funds) with rental assistance does add the Utility Allowance. The subsidy payment received by the owner has reduced the tenant's portion of rent by the allowance, but the total amount of rent established for a unit is included in the subsidy payment. There is no additional reduction of rent paid to the owner by the housing authority for utility allowances.