

**LIHTC/ Risk Sharing Program
Self-Certification of Household Annual Income**

(Copy of fully completed and filed IRS Tax Return for all household members must be attached for Risk Share Program)

Property Name: _____ Unit No: _____ #Bedrooms: _____

This page to be completed by Resident/Household

Household: Enter all household member name(s) and date(s) of birth below. Also note whether or not any household member is or will be a fulltime student in the next 12 months. Continue on separate sheet if necessary.

Hsld Mbr#	Last Name	First Name & Middle Initial	Relationship to Head	Date of Birth mm/dd/yyyy	Full time student Yes/No	SSN (last 4 digits)
1			Head			
2						
3						
4						
5						
6						

**Attach completed ' LIHTC Annual Certification of Student Status '*

Household: Enter all household members Gross Annual Income and Income from Assets below. Types of income and income from assets further explained below. Continue on separate sheet if necessary.

Hsld Mbr#	Income Source	Gross Annual Income	Asset Source	Income from Asset
1				
2				
3				
4				
5				
6				
Total Annual Household Income				

Types of Income: Possible types of income include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid, and income earned on assets (checking, savings, IRA, etc.). Include what you receive now and what you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions).

Income from Assets: Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income.

I agree to notify management **IMMEDIATELY** if:

Anyone in my household becomes a full-time student, and/or my household composition changes in any way.

I certify under penalties of perjury that the above information is complete and accurate to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease agreement and may be grounds for eviction. I agree to provide any additional documentation required by the property owner/management to document my/our household income.

Head of Household Signature

Print Name

Date

Other Household Adult Signature

Print Name

Date

Other Household Adult Signature

Print Name

Date

This page to be completed by Owner/Management

DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES:

\$

Household Income at Move-in: _____

Household Size at Move-in: _____

Current Income Limit

Per Family Size: \$ _____

Current Income Limit x 140%: _____

Household Meets Income Restriction at:

30% 40% 50% 60% _____ %

Household Income exceeds

140% at this recertification: Yes No

DETERMINATION OF RENT

Tenant Paid Rent (TP): \$ _____

Other non-optional charges: \$ _____

Utility Allowance (UA): \$ _____

Rent Assistance: \$ _____

GROSS RENT FOR UNIT:
(TP+UA+Other non-optional charges)

\$

Unit Meets Rent Restriction at:

30% 40% 50% 60% _____ %

Maximum Rent Limit for Unit: \$ _____

STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

Yes No

If YES, enter student exemption*:
Exemption #: _____

LIHTC Student Exemptions*

1. TANF Assistance
2. Job Training Program
3. Single parent with dependent child(ren)
4. Married and file joint tax return
5. Previous Foster Care Assistance

PROGRAM TYPE

Mark the program(s) listed below for which this households' unit is counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification.

Tax Credit

HOME

Risk Sharing/Tax Exempt Elderly Bond/ Conduit

HDGP/Trust Fund GHAP/Housing+/PSH AHDP

Name of Program

Income Status

- 30% AMGI
40% AMGI
50% AMGI
60% AMGI
OI**

Income Status

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

Income Status

- 30% AMGI
40% AMGI
50% AMGI
60% AMGI
OI**

Income Status

- 30% AMGI
40% AMGI
50% AMGI
60% AMGI
OI**

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 information submitted, the individual(s) named on page one of this Self-Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended and all of the Regulatory Agreements as applicable to live in an income/rent-restricted unit in this project.

Printed Name of Owner/Representative _____

Signature of Owner/Representative _____

Signature Date _____