All OHCS Programs:
Self-Certification of Household Annual Income

This page to be completed by Resident/Household

Effective Date: _____

Move-In Date: _____

Risk Share Program Only: Each adult in household must attach a copy of their completed & filed IRS Federal Tax Return to this certification.

Property Name: _____ County: _____

Address: _____ Unit Number: _____ # Bedrooms: _____

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 student in the next 12 months. Continue on separate sheet if more than 6 household members. *NOTE: LIHTC & HOME Student Rules are different.

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head	Date of Birth	*Student Yes/No	SSN (last 4 digits)
1			Head			
2						
3						
4						
5						
6						

HOUSEHOLD'S GROSS ANNUAL INCOME

HH Mbr#	**Source of Income: Employment, Soc. Security, Public Assistance, Child Support or Other**			Gross Annual Amount

Add Total Household Income (a) = **$**

HOUSEHOLD'S INCOME FROM ASSETS

HH Mbr #	**Type of Asset: Checking, Savings, Retirement Account, Real Estate, or Other**		Cash Value of Asset	Actual Income from Asset
HH Mbr#	**Disposed of Assets-** Assets given away for less than market value		Cash Value of Disposed Asset	Income from Disposed Asset

Total Income from Assets (b) = **$**

Add Total Annual Household Income from all Sources (a)+(b) =

I agree to notify management IMMEDIATELY if:

Anyone in my household becomes a 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 Adult Signature _____ Print Name _____ Date _____

Other Household Adult Signature _____ Print Name _____ Date _____

所有 OHCS 项目：
家庭年收入自证表

生效日期：_____
入住日期：_____

本页由住户/家庭填写

仅限风险分担计划：家庭中每位成年人均须将一份其已填写并提交的 IRS 联邦纳税申报单副本附于本证明后。

物业名称：_____ 县：_____

地址: _____ 单元号：_____ 卧室数：_____

家庭：在下方输入所有家庭成员的姓名和出生日期。同时注明是否有任何家庭成员是或在未来12个月内将成为学生。如果家庭成员超过6人，请另附纸继续填写。*注意：LIHTC 和 HOME 的学生规则不同。

家庭成员编号	姓氏	名字 & 中间名首字母	与户主关系	出生日期	*学生是/否	SSN 后四位
1			户主			
2						
3						
4						
5						
6						

家庭年度总收入

家庭成员编号	**收入来源：就业、社会保障、公共援助、子女抚养费或其他**			年度总收入

家庭总收入合计 (a) = **$**

家庭资产收入

家庭成员编号	**资产类型：支票账户、储蓄账户、退休账户、房地产或其他**		资产现金价值	资产实际收入
家庭成员编号	**已处置资产** - 以低于市场价值转让的资产		已处置资产现金价值	已处置资产收入

资产收入合计 (b) = **$**

所有来源家庭年收入总计 (a)+(b) =

我同意，如果发生以下情况，立即通知管理方：

我家庭中任何人成为学生，和/或我的家庭构成发生任何变化。

我谨此在伪证罪罚则的约束下证明，上述信息据我所知是完整且准确的。我理解虚假或不完整信息构成对我租赁协议条款的违反，并可能成为驱逐的理由。我同意提供物业业主/管理方要求的任何额外文件，以证明我/我们的家庭收入。

_____ _____ _____
家庭成人户主签名 打印姓名 日期

_____ _____ _____
其他家庭成人签名 打印姓名 日期

***** This page to be completed by Owner/Management *****

DETERMINATION OF INCOME ELIGIBILITY

Current Household Size: # _____

TOTAL ANNUAL **HOUSEHOLD INCOME** FROM ALL SOURCES: $

Current Income Limit per Family Size and Program: $

Household meets the following Income Restrictions:

□ 30% □ 40% □ 50% □ 60% □ ____%

□ Low HOME 50% □ High HOME 60%

Household Size at Move-In: # _____

Household Income at Move-In: $ _____

Current Income Limit X140%: _____

Household Exceeds 140% at this Recert:

☐Yes ☐No

HOME Program:

Current 80% MFI Income Limit: _____

Current Household Income Exceeds 80%: ☐Yes ☐No

DETERMINATION OF RENT

A) Tenant Paid Rent: $ _____

B) Utility Allowance: $ _____

C) Non-Optional Charges: $ _____

D) Rent Assistance (RA): $ _____ □ Tenant Based □ Project Based

GROSS RENT FOR UNIT:

LIHTC/Risk Share Programs:

A)+B)+C) = $

HOME Program:

A)+B)+C)+D)= $

Current Maximum Gross Rent Limit:

LIHTC: $ _____ **HOME: $** _____

Unit Meets Rent Restriction At:

☐30% ☐40% ☐50% ☐60%

Other: ☐_____%

HOME Program:

Required HOME Rent Restriction for Unit:

☐ Low HOME ☐ High HOME

Required Designation for Unit:

☐ Floating ☐Fixed

STUDENT STATUS

LIHTC/Risk Share Programs ONLY:

Are **ALL** Household Members Full Time Students:

☐NO ☐ YES = Exemption(s): # _____

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

HOME Program ONLY:

Are **ANY** Household Members Students:

☐NO ☐ YES = Exemption(s): # _____

Exemptions:

1. Over age 24
2. Veteran of the US Military
3. Married
4. Has one or more dependent children
5. Under 24 & independent of parents or parents are income eligible

OTHER PROGRAM TYPES

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

□ Elderly Bond/Conduit	□30%	□40%	□50%	□60%	□80%	□Other:_____
□ GHAP/Housing+/PSH	□30%	□40%	□50%	□60%	□80%	□Other:_____
□ HDGP/Trust Fund	□30%	□40%	□50%	□60%	□80%	□Other:_____
□ Other:	□30%	□40%	□50%	□60%	□80%	□Other:_____

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 _____ Date

*** 本页由业主/管理方填写 ***

收入资格确定

当前家庭人数：# _____

所有来源**家庭年收入**总计： $

按家庭人数及项目划分的当前收入限额： $

家庭符合以下收入限制：

☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ ___%

☐ 低 HOME 50% ☐ 高 HOME 60%

入住时家庭人数：# _____

入住时家庭收入：$ _____

当前收入限额 X140%： _____

本次重认证家庭收入是否超过140%： _____

☐ 是 ☐否

HOME 计划：

当前 80% MFI 收入限额： _____

当前家庭收入是否超过80%： ☐ 是 ☐否

租金认定

A) 租户支付租金：$ _____

B) 公用事业补贴：$ _____

C) 非选择性费用：$ _____

D) 租金援助(RA)：$ _____ ☐基于租户 ☐基于项目

单元总租金：

LIHTC/风险分担计划:

A)+B)+C) = $

HOME 计划：

A)+B)+C)+D)= $

当前最大总租金限额:

LIHTC: $ _____ HOME: $ ___

单元满足租金限制于：

☐ 30% ☐ 40% ☐ 50% ☐ 60%

其他：☐_____%

HOME 计划：

单元要求的 HOME 租金限制：

☐低 HOME ☐高 HOME

单元要求的指定：

☐浮动 ☐固定

学生身份

仅限 LIHTC/风险分担计划：

所有家庭成员是否为全日制学生：

☐否 ☐是 = 豁免项数：# _____

豁免项：

1.TANF 援助
2.职业培训计划
3.单亲且有受抚养子女
4.已婚且提交联合纳税申报表
5.曾接受寄养援助

仅限 HOME 计划：

是否有**任何**家庭成员是学生：

☐否 ☐是 = 豁免项数：# _____

豁免项：

1.年满24岁
2.美国军队退伍军人
3.已婚
4.有一个或多个受抚养子女
5.24岁以下且经济独立于父母，或父母收入符合资格

其他计划类型

勾选以下项目，若该家庭的单元计入该物业的入住率要求。
在勾选的每个项目下，注明本认证所确定的该家庭收入状态。

☐老年债券/管道融资	☐30%	☐40%	☐50%	☐60%	☐80%	☐其他: _____
☐GHAP/住房+/PSH	☐30%	☐40%	☐50%	☐60%	☐80%	☐其他: _____
☐HDGP/信托基金	☐30%	☐40%	☐50%	☐60%	☐80%	☐其他: _____
☐ 其他:	☐30%	☐40%	☐50%	☐60%	☐80%	☐其他: _____

业主/代表签名

基于本文所做的陈述及所提交的信息，本自证表第一页中具名的个人有资格根据修订后的《国内税收法》第42条以及所有适用的监管协议条款居住在本项目中收入/租金受限的单元内。

业主/代表打印姓名 _____ 业主/代表签名 _____ 日期 _____

如有疑问或对翻译的改进建议，请发送邮件至 Language.Access@HCS.oregon.gov