



ELDERLY BOND TENANT INCOME CERTIFICATION (August 15, 1986 – Current) ☐ Initial Certification ☐ Recertification ☐ Other _____							Move-In Date: _____			
							Effective Date: _____ (MM/DD/YYYY)			
PART I. PROPERTY INFORMATION										
Property Name: _____					County: _____			Unit #: _____		
Address: _____					# of Bedrooms: _____					
PART II. HOUSEHOLD COMPOSITION										
HH Mbr #	Last Name	First Name	Middle Initial	Relation to Head of Household	Race	Ethnicity	Disabled (Yes/No)	Date of Birth	Full Time Student (Yes/No)	Last 4 Digits of SS#
1										
2										
3										
PART III. GROSS ANNUAL INCOME										
HH Mbr #	(A) Social Security	(B) Pensions		(C) Employment/Self-Employment			(D) Other Income			
Totals										
Add totals from above (A) - (D) to determine total income.							TOTAL INCOME (E) =			
PART IV. INCOME FROM ASSETS										
HH Mbr #	(F) Type of Asset	(G) Current/Imputed (C/I)			(H) Cash Value of Asset			(I) Annual Income from Asset		
Enter the Total of Column (H)					TOTALS					
(If over \$5,000) \$ X % = \$					Current Passbook % Rate		IMPUTED INCOME (J) =			
Enter the greater of: Total of column (I) <u>or</u> Imputed Income (J).							TOTAL INCOME FROM ASSETS (K) =			
Add Column (E) + (K).							TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES ASSETS (L) =			
HOUSEHOLD CERTIFICATION & SIGNATURES										

I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income and assets. I/we agree to notify the landlord immediately if there are changes to the household composition or if any member becomes a full-time student during the course of this tenancy. I/we will report any changes in income or household composition that occurs between the time this form is signed and the date it takes effect.

Under penalties of perjury, I/we certify that the information presented above is true and correct to the best of my/our knowledge and belief. I/we further understand that providing false representations (to include misleading or incomplete information) herein constitutes an act of fraud and may result in the termination of my/our lease.

Resident Signature

Date

Resident Signature

Date

Effective Date _____		Household Size at Move-In: _____	
PART V. STUDENT STATUS			
ARE ALL OCCUPANTS FULL-TIME STUDENTS?		* Student Exemptions	
If yes, enter student exemptions * ☐ Yes * ☐ No Enter Exemption #: _____		1 TANF assistance 2 Job Training Program 3 Single parent/dependent child 4 Married/joint tax returns 5 Previous Foster Care Assistance	
PART VI. <u>INCOME LIMITS</u>			
20 INCOME LIMITS FOR _____ County			
** Over State-Wide Median Income - See WAIVER **			
1 PERSON HOUSEHOLD		2 PERSON HOUSEHOLD	
☐ 50 % AMI and Below	\$ _____	☐ 50 % AMI and Below	\$ _____
☐ 60% AMI and Below	\$ _____	☐ 60% AMI and Below	\$ _____
☐ Over Statewide Income **	\$ 99,200.00	☐ Over Statewide Income **	\$ 99,200.00
PART VII. DETERMINATION OF INCOME ELIGIBILITY			
TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES:		<u>RECERTIFICATION ONLY:</u>	
From Item (L) on page 1:		Household Income at Move-In: \$ _____	
Household Meets Income Restriction at: \$ _____		Current Income Limit x 140% \$ _____	
☐ 50% ☐ 60% ☐ 120% *** ☐ Over State-Wide Median Income **		Household Income exceeds 140% at recertification: ☐ Yes ☐ No	
PART VIII. OTHER PROGRAM TYPES			
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 Income Status ☐ ≤ 40% AMGI ☐ ≤ 50% AMGI ☐ ≤ 60% AMGI ☐ OI**	☐ b. HOME / HTF Income Status ☐ ≤ 30% AMGI ☐ ≤ 50% AMGI ☐ ≤ 60% AMGI ☐ ≤ 80% AMGI ☐ OI**	☐ c. HDGP/Trust Fund/GHAP/ H+/PSH Income Status ☐ ≤ 40% AMGI ☐ ≤ 50% AMGI ☐ ≤ 60% AMGI ☐ OI**	☐ d. Risk Share/Conduit Income Status ☐ ≤ 40% AMGI ☐ ≤ 50% AMGI ☐ ≤ 60% AMGI ☐ OI**
☐ e. _____ Name of Program Income Status ☐ ≤ 40% AMGI ☐ ≤ 50% AMGI ☐ ≤ 60% AMGI ☐ OI**			
**Upon recertification, household was determined to be over-income (OI) according to eligibility requirements of the program(s) marked in this section.			
PART IX. QUALIFIED HOUSEHOLDS			

- Check all that apply
- ☐
☐
☐
☐
☐

The household qualifies as a family of very low or low income.
 The household qualifies at 120% AMI, Restrictions Apply *** (See Instructions)
 The household does not qualify for a family of very low or low income. ** (See Part X. Waiver)
 The household qualifies as an Elderly Household (check all that apply.)

☐ The Head of Household is 58 years of age or older.
☐ The household is not 58 years of age & qualifies as a disabled person (See instructions)

Based on the representations herein and upon the proof 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 Section 142 (d) of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in an income/rent-restricted unit in this Project.

Printed Name of Owner/Management Agent _____

Signature of Owner/Management Agent _____

Date _____

Revised 04/2024



PART X. WAIVER REQUEST

****WAIVER REQUEST: MANAGER MUST COMPLETE IF THE APPLICANT IS OVER THE STATE-WIDE MEDIAN INCOME (\$99,200.00)**

Waiver must be approved and signed by OHCS before the applicant requiring a waiver moves in. Email waiver request with documentation to support current set-aside to OHCS at ARH.Portfolio@hcs.oregon.gov

OHCS may waive the income limits and age requirements for a household seeking residence in an Elderly Housing property if a person in the household is a disabled person requiring special housing provisions to accommodate the impairment and whose disability arises from a physical or mental impairment that substantially limits one or more major life activities; however, no such waiver shall be made of the requirements of Section 142(d) of the Code (waiver must not be counted towards required property set-aside).

Printed Name of Owner/Management Agent

Signature of Owner/Management Agent

Date

WAIVER APPROVAL:

OHCS Compliance Analyst (Printed Name)

Signature of OHCS Compliance Analyst

Date