



## Tenant Income Certification (TIC) Instructions Elderly Bond Program Only

Funded Properties August 15, 1986 to Current

The TIC is to be completed by the Owner or their Authorized Representative/Agent.

**It is a Program Requirement that every household complete a TIC at move-in.**

**Type of Certification:** At the top of each TIC, check the appropriate box for Initial Certification (move-in), Recertification, or Other. If this certification is being completed for reasons other than Move-in or Recertification, indicate the reason. For example, a Unit Transfer, Change in Household Composition, or for another state-required recertification.

**Move-in Date:** Enter the date the household will take occupancy of the unit; use the format: MM/DD/YYYY

**Certification Effective Date:** Enter the effective date of the certification; use the format: MM/DD/YYYY

- **At Move-in/Initial:** date must match the date the household moved-in to the unit.
- **At Recertification:** date should be NO LATER than one year following the effective date of the initial certification or certification completed previously.
- **For Unit Transfer:** List the date the household took occupancy of the new unit. If treated as a NEW move-in, Select Initial Certification.

### PART I. Property Information

- Property Name:** Enter the name of the property
- County:** Enter the county in which the property/building is located.
- Unit Number:** Enter the unit's number
- Address:** Enter the building's address
- # Bedrooms:** Enter the number of bedrooms in the unit (SRO, studio, 1, 2, 3, etc).

### PART II. Household Composition

**Name:** List the full last name, first name and middle initial of all household occupants of the unit.

**Relation to Head of Household:** Enter each household member's relationship to the head of household by using one of following definition codes:

**H** – Head of Household

**S** – Spouse/Legal Domestic Partner

**A** - Adult Co-Head (not spouse or legal domestic partner)

**C** – Child

NOTE: Guests are NOT part of the household and are not considered in determining family size for income limits.

**Race:** Enter each household member's race by using at least one of the following definition codes:

**I** – American Indian or Alaska Native

**A** – Asian

**B** – Black or African American

**H** – Native Hawaiian or Pacific Islander

**W** – White

**ND** – Not disclosed

**Ethnicity:** Enter each household member's ethnicity by using one of the following definition codes:

**1** – Hispanic or Latino

**2** – Not Hispanic or Latino

**3** – Not disclosed



**Disabled:** Per the Fair Housing Act, the **Definition** of disabled is:

A physical or mental impairment which substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24CFR 100.201. This is available at: [eCFR :: 24 CFR 100.201 -- Definitions.](#)

Enter one of the following for each household member:

**YES** - if member is disabled according to the Fair Housing Act’s definition

**NO** - if the member is not disabled according to the Act’s definition

**ND** (Not Disclosed) - if the member did not disclose the information

Pursuant to 42 U.S.C. 1437z-8, the housing credit agency administering the low-income housing credit program must, to the best of its ability, provide this disability status information. However, it is the tenant’s voluntary choice whether to provide such information. The tenant must be informed that providing this information is voluntary. If the tenant declines to provide the information, the owner/agent shall use their best efforts to provide the information by noting the physical appearance of a physical disability that is readily apparent and obvious or by relying on last year’s information. For the purpose of gathering disability status information, NO questions with respect to the nature or severity of the disability are appropriate.

**NOTE: If “Yes”, this election does not automatically qualify the household per Program Regulations. Please refer to page 2, Part IX, Qualified Households of the TIC.**

**Date of Birth:** Enter each household member’s date of birth; use format MM/DD/YYYY.

**Student Status:** Enter **YES** if the household member is a full-time student.

Enter **NO** if the household member is not a full-time student.

**Last Four Digits of SS#:** Enter the last four digits each adult household member’s social security number, alien registration number or ITIN. If unknown or not disclosed, it is okay to enter ‘0000’, ‘9999’ or the format accepted by your software.

### PART III. Gross Annual Income

See the HUD Handbook 4350.3 for list of Income inclusions and exclusions.

From the third-party verifications and source documentation obtained for each income source, enter the gross amount anticipated to be received for the twelve months following the effective date of the certification. Complete a separate line for each household member earning or receiving income. On each line, identify each household member with income by their corresponding number from PART II. Household Composition.

**Column (A):** Enter the annual amounts of wages, salaries, tips, commissions, bonuses, and other earned income from employment. Or indicate distributed profits and/or net income from a business. Insert total for column.

**Column (B):** Enter the annual amounts of VA Benefits, Social Security, Supplemental Security Income (SSI), pensions, retirement income etc. Insert total for column.

**Column (C):** Enter the annual amount of income received from public assistance (i.e. TANF, general assistance, disability, etc.). Insert total for column.

**Column (D):** Enter the annual amounts of alimony, child support, unemployment benefits or any other income regularly received by the household. Insert total for column.

**Line (E):** Add the total from Columns (A) through (D) above. Enter this amount.



## PART IV. Income from Assets

See the HUD Handbook 4350.3 for list of Asset inclusions and exclusions.

From the third-party verifications and source documentation obtained enter the gross amount anticipated to be received for the twelve months following the effective date of the certification. Complete a separate line for each household member who has assets/income from assets. On each line, identify the household member with assets by their corresponding number from Section II Household Composition.

**Column (F):** List the type of asset (i.e., checking account, savings account, CDs, money markets, retirement accounts, trusts, real property).

**Column (G):** **C= current asset** – Enter **C** in the column if the household member currently owns the asset  
**I= imputed asset** – Enter **I** in the column if the household member has disposed of the asset for less than fair market value within 2 years of the effective date.

**Column (H):** Enter the cash value of the asset.

**Column (I):** Enter the anticipated actual annual income from the asset.

**TOTALS:** Add the amounts in each column (H) and (I) respectively.

If the total in Column (H) is over \$5,000, you must calculate the imputed income of the total amount. Enter the total amount of the assets from Column H into the line provided and enter the current passbook % rate into the line provided. Then multiply that amount by the current passbook rate and enter the result in box (J) Imputed Income. Please refer to the following link for future inflationary adjustments:

[Annual Inflationary Adjustments and Passbook Rate | HUD USER](#)

**Box (K):** Enter the greater of the total in Column (I) or imputed amount in Box (J).

**Box (L):** Total annual household income from all sources. Add (E) Gross Income total and (K) total income from assets.

## Household Certification & Signature

After all verifications of income and assets have been received and calculated and the TIC has been completed, each household member age 18 or older must sign and date the TIC **no later than the effective date**. Move-in certifications should be signed no earlier than 10 days prior to the effective date of the certification.

Acquisition/Rehab certifications for in-place residents require the TIC to be completed and signed within 120 days before/after the date of acquisition (aka Placed in Service (PIS) date of the building).

## TOP OF PAGE TWO

**Effective Date of Income Certification:** Enter the effective date of the TIC as listed on page one.

**Household Size at Certification:** Enter the total number of household members as listed on page one.



## PART V. Student Status

If at least one household member is **NOT** a full-time student, check **No**.

If **ALL** household members are full-time students, check **Yes\*** and indicate which exemption the household meets by inserting on the line the number that corresponds to the exemption in the list.

Full time status is determined by the educational institution the student attends.

NOTE: Any household member, who is Kindergarten-12<sup>th</sup> grade (K-12) age and is a student, will automatically be considered a full-time student

## PART VI. Income Limits

1. Insert the **YEAR** and Name of the County where the property is located.

To obtain the current income limits, select **INCOME LIMITS** for the link to the website

- **PART VI. [INCOME LIMITS](#)**

Select Current Year and County. Please see example below.

HUD Income & Rent Limits by Year, County

[2024 Income & Rent Limits | LIHTC, Tax Exempt Bonds](#)

- Select the County where the property is located

2. To determine the correct Income Limit, please note the following:

- If the project existed in 2008, and if available, select the appropriate % AMI from the **HERA Special Income Limits** per person to complete the 50%, and 60% AMI limits in the chart provided.

NOTE: HERA Special Income Limits previously available may no longer be available in 2024.

- If the project did NOT exist in 2008, select the appropriate % AMI from the **Actual Income Limits** per person to complete the 50%, and 60% AMI limits in the chart provided.

<b>** Over State-Wide Median Income - See WAIVER **</b>			
<b>1 PERSON HOUSEHOLD</b>		<b>2 PERSON HOUSEHOLD</b>	
<input type="checkbox"/> 50 % AMI and Below	\$ _____	<input type="checkbox"/> 50 % AMI and Below	\$ _____
<input type="checkbox"/> 60% AMI and Below	\$ _____	<input type="checkbox"/> 60% AMI and Below	\$ _____
<input type="checkbox"/> Over Statewide Income **	\$ <b>99,200.00</b>	<input type="checkbox"/> Over Statewide Income **	\$ <b>99,200.00</b>

## PART VII. Determination of Income Eligibility

### Total Annual Income

**From All Sources:** Enter the amount from Box (L) on page one.

### Household Meets

**Income Restriction:** Enter the current maximum income limit for the household size. See Part VI. Check the appropriate box for the income restriction that the household meets according to the required set-aside for the building.

### Annual Median

**Income (AMI):** Select the appropriate AMI  50%  60%  120% \*\*\*  Over State-Wide Median Income \*\*  
**The appropriate AMI is identified in the property's Regulatory Agreement.**



**Recertification Only: Complete the following information ONLY if this is a Recertification TIC**

**Household Income**

**at Move-in:** Enter the total household income from all sources from Box (L) of the Move-in TIC.

**Current Income Limit X 140%:** 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 limit, the **Next Available Unit Rule** must be followed.

**Household Income Exceeds** Indicate whether or not the current household income exceeds the current applicable maximum income limit by 140% by checking 'Yes' or 'No'.

If 'Yes', apply the **Next Available Unit Rule**.

- If a resident in a "set aside" unit has an increase in income to over 140% of area median income, the project must make available the next unit of same size or smaller to an income qualified applicant.

**PART VIII. Program Type**

Mark the programs to 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 TIC. If the property does not participate in a program indicated, leave that section blank. If the property participates in a program that is not indicated in the section, write in the program type and indicate the appropriate income status for that program in section (e).

- (a) **Tax Credit:** Mark the appropriate box indicating the household's designation as a Tax Credit unit. The correct Income Status for the unit must be marked in Part V. Also in Part V, upon recertification, if the household's income exceeds 140% of the current income limitation imposed by Section 42, mark 'Yes'.
- (b) **HOME / HTF:** If the property participates in the HOME / HTF program and the unit this household occupies will count towards the HOME / HTF program set-asides, mark the appropriate box indicating the unit's designation and indicate the correct Income Status.
- (c) **Risk Sharing/ Tax Exempt/ Bond/Conduit/:** If the property participates in any of these programs, mark the appropriate box and indicate the household's Income Status as required by these programs.
- (d) **HDGP/Trust fund/ GHAP/Housing+/PSH:** If the property participates in any of these programs, mark the appropriate box and indicate the household's Income Status as required by these programs.
- (e) **Other:** If the property participates in any other affordable housing program not otherwise indicated in this section, insert the name of the program, and indicate the household's Income Status as required by this program.

**PART IX. QUALIFIED HOUSEHOLDS**

**Check all that apply:**

- The household qualifies at 120% AMI, Restrictions Apply\*\*\*
  1. If selected, at move-in (Initial) and subsequent annual recertifications, **review the Elderly Monitoring Report** to determine if the property has not exceeded the allowable number of units.
    - a. Multiply the number of total units by 0.3333 (one third) to determine the maximum units allowed at 120% AMI threshold.



**EXAMPLE:** If the property has 50 units; multiply the number of units by 0.3333 = 16.665  
Always round up. The maximum number of units would be 17.

- To determine the 120% AMI Income Limit for your property, multiply the percent % AMI (50% or 60%) of the income limit by 120% percent.

**EXAMPLE:** If the property has 50% AMI income limits, multiply the current actual income limit for the county by 120% (\$41,300 x 120% = \$49,560).

<b>Actual Income Limits 2024</b>								
<b>% MFI</b>	<b>1 Pers</b>	<b>2 Pers</b>	<b>3 Pers</b>	<b>4 Pers</b>	<b>5 Pers</b>	<b>6 Pers</b>	<b>7 Pers</b>	<b>8 Pers</b>
20%	\$16,520	\$18,880	\$21,240	\$23,600	\$25,500	\$27,380	\$29,280	\$31,160
30%	\$24,780	\$28,320	\$31,860	\$35,400	\$38,250	\$41,070	\$43,920	\$46,740
35%	\$28,910	\$33,040	\$37,170	\$41,300	\$44,625	\$47,915	\$51,240	\$54,530
40%	\$33,040	\$37,760	\$42,480	\$47,200	\$51,000	\$54,760	\$58,560	\$62,320
45%	\$37,170	\$42,480	\$47,790	\$53,100	\$57,375	\$61,605	\$65,880	\$70,110
<b>50%</b>	<b>\$41,300</b>	<b>\$47,200</b>	<b>\$53,100</b>	<b>\$59,000</b>	<b>\$63,750</b>	<b>\$68,450</b>	<b>\$73,200</b>	<b>\$77,900</b>
55%	\$45,430	\$51,920	\$58,410	\$64,900	\$70,125	\$75,295	\$80,520	\$85,690
60%	\$49,560	\$56,640	\$63,720	\$70,800	\$76,500	\$82,140	\$87,840	\$93,480

- The household does not qualify for a family of very low or low income \*\*
  - If selected, a Waiver approval by OHCS is required before the household moves into the unit.
- The household is not 58 years of age & qualifies as a disabled person (See instructions)
  - If selected, the property must obtain with respect to a disabled person, documentation of a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. This term does not include current, illegal use of or addiction to a controlled substance. This does not need to be third-party verified. Please see 24CFR 100.201 at: [eCFR :: 24 CFR 100.201 -- Definitions.](#)

### Signature of Owner or Representative

It is the responsibility of the owner or the owner’s representative to sign and date this document immediately following **the completion of the TIC and the adult household members have signed and dated no later than the effective date of the TIC. Move-in certifications should be signed no earlier than 10 days prior to the effective date of the certification.** Documenting and determining eligibility (including completing and signing the TIC) and ensuring such documentation is safely and securely maintained in the tenant file is extremely important and should be conducted by someone well trained in program compliance. Acquisition/Rehab certifications for in-place (current) residents require the TIC to be completed and signed within 120 days before/after the date of acquisition (aka Placed in Service (PIS) date of the building/s).

**These instructions should not be considered a complete guide on Elderly Bond compliance. The responsibility for compliance with federal and state program regulations lies with the owner of the property/building(s) for which the credit or other funding is allowable.**

### Public Burden Statement

Public reporting burden for this collection of information is estimated to average 4 hours for each response. This includes the time for collecting, reviewing, and reporting data. The information will be used to measure the number of units of housing financed with the OHCS programs that are produced each year. The information will also be used to analyze the characteristics of these housing units and will be released to the public.

