NEW ELDERLY BOND
TEN

OREGON HOUSING and COMMUNITY SERVICES

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 the 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

新版老年债券租

租户收入认证 (TIC) 说明
仅限老年债券计划

资助物业（1986年8月15日至今）

TIC 必须由业主或其授权代表/代理人填写。

计划要求每个家庭在入住时必须完成一份 TIC。

认证类型：在每个 TIC 的顶部，勾选相应的方框：初始认证（入住）、重新认证或其他。如果此认证是因入住或重新认证以外的原因完成的，请说明原因。例如：单元调换、家庭构成变更，或为满足另一项州要求的重新认证。

入住日期：输入家庭将占用该单元的日期；使用格式：月/日/年

认证生效日期：输入认证的生效日期；使用格式：月/日/年

- **在入住/初始认证时：**日期必须与家庭搬入该单元的日期一致。
- **在重新认证时：**日期应不晚于初始认证或上次完成的认证生效日期之后的一年。
- **对于单元调换：**列出家庭占用新单元的日期。如果被视为新的入住，请选择初始认证。

第一部分：物业信息

物业名称： 输入物业名称

县： 输入物业/建筑所在的县。

单元号： 输入单元编号

地址: 输入建筑地址

卧室数： 输入单元内的卧室数量（SRO、开间、1、2、3等）。

第二部分：家庭构成

姓名：列出单元内所有家庭成员的完整姓氏、名字和中间名首字母。

与户主关系： 使用以下定义代码之一，输入每位家庭成员与户主的关系：

H – 户主
S – 配偶/合法同居伴侣
A - 成年共同户主（非配偶或合法家庭伴侣）
C – 子女

注意：访客不属于家庭的一部分，在确定收入限制的家庭规模时不考虑。

种族 使用以下至少一个定义代码输入每个家庭成员的种族：

I – 美洲印第安人或阿拉斯加原住民　**A** – 亚裔　**B** – 黑人或非裔美国人
H – 夏威夷原住民或太平洋岛民　**W** – 白人　**ND** – 未披露

族裔： 使用以下定义代码输入每个家庭成员的族裔：

1 – 西班牙裔或拉丁裔　**2** – 非西班牙裔或拉丁裔　**3** – 未披露

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.

残疾： 根据《公平住房法》，残疾的**定义**是：

一种实质上限制了一项或多项主要生活活动的身体或精神损伤；具有此类损伤的记录；或被认为具有此类损伤。关于“身体或精神损伤”及本定义中使用的其他术语的定义，请参见 24CFR 100.201。网址：[eCFR :: 24 CFR 100.201 -- 定义。]

为每个家庭成员输入以下一项：
YES - 如果该成员符合《公平住房法案》定义的残障人士
NO - 如果该成员不符合该法案定义的残障人士
ND -（未披露）- 如果该成员未披露此信息

根据 42 U.S.C. 1437z-8，管理低收入住房税收抵免计划的住房信贷机构必须尽其所能提供此残疾状态信息。然而，租户是否提供此类信息是其自愿选择。必须告知租户提供此信息是自愿的。如果租户拒绝提供信息，业主/代理人应尽最大努力通过记录明显可见的身体残疾的外在表现或依赖去年的信息来提供信息。为收集残疾状态信息之目的，不得询问有关残疾性质或严重程度的问题。

注意：如果选择“是”，此选择不会自动使该家庭符合计划规定的要求。请参阅 TIC 第二页的第九部分：合格家庭。

出生日期： 输入每个家庭成员的出生日期；使用格式 MM/DD/YYYY。

学生 如果该家庭成员是全日制学生，则输入“**是**”。
身份： 如果该家庭成员不是全日制学生，则输入 **NO**。

社保号后四位： 输入每个成年家庭成员的社会安全号码、外国人登记号码或 ITIN 的最后四位数字。如果未知或未披露，可以输入‘0000’、‘9999’或您的软件接受的格式。

第三部分：年度总收入

关于收入包含项和排除项的列表，请参见 HUD 手册 4350.3。

根据为每个收入来源获得的第三方核实和原始文件，输入预计在认证生效日期之后的十二个月内将收到的总收入金额。
为每个赚取或获得收入的家庭成员单独填写一行。在每一行上，使用来自第二部分 - 家庭构成的相应编号标识每个有收入的家庭成员。

列(A)： 输入工资、薪金、小费、佣金、奖金和其他来自就业的赚得收入的年度金额。或者注明来自企业的分配利润和/或净收入。插入该列的总计。

列(B)： 输入 VA 福利、社会保障金、补充保障收入(SSI)、养老金、退休收入等的年度金额。插入该列的总计。

列(C)： 输入从公共援助（即 TANF、一般援助、残障补助等）获得的收入年度金额。插入该列的总计。

列(D)： 输入赡养费、子女抚养费、失业救济金或家庭定期收到的任何其他收入的年度金额。插入该列的总计。

行(E)： 将上述列(A)至列(D)的总计相加。输入该金额。

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.

第四部分：资产收入

关于资产包含项和排除项的列表，请参见 HUD 手册 4350.3。

根据获得的第三方核实和原始文件，输入预计在认证生效日期之后的十二个月内将从资产中收到的总收入金额。为每位拥有资产/产生资产收入的家庭成员填写单独的一行。在每一行上，使用该成员在第二部分“家庭构成”中对应的编号来标识有资产的每个家庭成员。

列(F)： 列出资产类型（例如，支票账户、储蓄账户、CDs、货币市场账户、退休账户、信托、不动产）。

列(G)： **C=当前资产** - 如果该家庭成员当前拥有该资产，则在列中输入 **C**。
I=估算资产 - 如果该家庭成员在生效日期前两年内以低于公平市场价值处置了该资产，则在列中输入 **I**。

列(H)： 输入资产的现金价值。

列(I)： 输入预计从该资产中获得的实际年度收入。

总计： 分别将列(H)和列(I)中的金额相加。

如果列(H)中的总额超过$5,000，则必须计算该总额的估算收入。将列 H 中的资产总额输入到提供的行中，并将当前存折储蓄存款利率百分比输入到提供的行中。然后将该金额乘以当前存折利率，并将结果输入到方框(J) 估算收入中。有关未来的通胀调整，请参考以下链接：

年度通胀调整和存折储蓄存款利率 | HUD USER

方框(K)： 输入列(I)中的总额或方框(J)中的估算金额中的较大者。

方框(L)： 家庭所有来源的年度总收入。将(E)总收入总计和(K)资产收入总计相加。

第四部分：资产收入

在所有收入和资产的核实工作均已完成、计算完毕且 TIC 填写完成后，每位年满 18 岁或以上的家庭成员必须**在生效日期之前**签署 TIC 并注明日期。入住认证的签署日期不应早于认证生效日期前10天。

收购/翻修项目中现有居民的认证要求在收购日期（即楼宇投入使用(PIS)日期）前120天内或之后120天内完成并签署 TIC。

第二页顶部

收入认证生效日期：输入第一页列出的 TIC 生效日期。
认证时家庭规模：输入第一页列出的家庭成员总数。

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-12th 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.

     

   - 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.

** 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 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.

第五部分：学生身份

如果至少有一名家庭成员**不是**全日制学生，请勾选“**否**”。

如果**所有**家庭成员都是全日制学生，请勾选“**是***”，并通过在横线上填写列表中相应豁免的编号来指明该家庭符合哪项豁免。

全日制身份由学生就读的教育机构确定。

注意：任何处于幼儿园至12年级(K-12)年龄段且是学生的家庭成员，将自动被视为全日制学生。

第六部分：收入限制

1. 插入物业所在县的**年份**和名称。
   要获取当前的收入限制，请选择“**收入限制**”链接以访问网站
   - **第六部分：**收入限制

     选择当前年份和县。请参见下方示例。



   - 选择物业所在的县
2. 为确定正确的收入限制，请注意以下事项：
   - 如果项目在2008年就已存在，并且数据可用，则从 **HERA 特殊收入限制**（按人均）中选择适当的% AMI 来填写所提供图表中的50%和60% AMI 限制。

     注意：之前可用的 HERA 特殊收入限制在2024年可能不再可用。
   - 如果项目在2008年并不存在，则从**实际收入限制**（按人均）中选择适当的% AMI 来填写所提供图表中的50%和60% AMI 限制。

超过全州收入中位数 – 见豁免			
1 人住户		**2 人住户**	
☐ 50% AMI 及以下	$_____	☐ 50% AMI 及以下	$_____
☐ 60 % AMI 及以下	$_____	☐ 60 % AMI 及以下	$_____
☐ 超过全州收入：**	$ 99,200.00	☐ 超过全州收入：**	$99,200.00

第七部分收入资格确定

所有来源的年度总收入： 输入第一页方框(L)中的金额。

家庭符合的收入限制： 输入当前对应家庭规模的最大收入限制。见第六部分。
根据该建筑要求的预留比例，勾选该家庭所满足的收入限制的相应方框。

年度地区收入中位数(AMI)： 选择适当的 AMI ☐ 50% ☐ 60% ☐ 120% *** ☐ 超过全州收入中位数**
适当的 AMI 在物业的监管协议中指明。

<u>Recertification Only</u>: 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.

<u>仅限重新认证：</u>**仅当此为重新认证 TIC 时填写以下信息**

入住时家庭收入： 输入来自入住 TIC 方框(L)的家庭所有来源总收入。

当前收入限制 X 140%： 将当前最大收入限制乘以140%，并输入结果。下方标明家庭收入是否超过此结果。如果重新认证时的年度总收入超过当前限制的140%，则必须遵循“**次可用单元规则**”。

家庭收入超过 通过勾选 **‘是’** 或 **‘否’**来指明当前家庭收入是否超过当前适用最大收入限制的140%。

如果‘是’，则应用“**次可用单元规则**”。

- 如果“预留”单元中的居民收入增长到超过地区收入中位数的140%，则项目必须将下一个同等面积或更小的单元提供给符合收入条件的申请人。

第八部分：计划类型

标记该家庭单元将被计入以满足物业入住要求的计划。在每个标记的计划下，指明由本 TIC 确定的该家庭的收入状态。如果物业不参与某个标明的计划，请将该部分留空。如果物业参与的计划未在本节中列出，请在(e)部分填写计划类型并指明该计划相应的收入状态。

(a) **税收抵免：**勾选相应的方框，指明该家庭单元被指定为税收抵免单元。单元的正确收入状态必须在第五部分中标记。同样在第五部分，重新认证时，如果该家庭收入超过第42条规定的当前收入限制的140%，则标记‘是’。

(b) **HOME / HTF:** 如果物业参与 HOME/HTF 计划，且该家庭占用的单元将计入 HOME/HTF 计划的预留比例，则勾选相应的方框指明该单元的指定状态，并指明正确的收入状态。

(c) **风险分担/免税/债券/管道融资/：**如果物业参与上述任何计划，则勾选相应的方框，并根据这些计划的要求指明该家庭的收入状态。

(d) **HDGP/信托基金/ GHAP/Housing+/PSH:** 如果物业参与上述任何计划，则勾选相应的方框，并根据这些计划的要求指明该家庭的收入状态。

(e) **其他：**如果物业参与本部分未指明的任何其他经济适用房计划，请插入计划名称并指明本计划要求的家庭收入状态。

第九部分：合格家庭

勾选所有适用项：

- 该家庭在120% AMI下合格，适用限制***

1. 如果勾选此项，在入住（初始）及后续年度重新认证时，需**审查老年监测报告**，以确定物业是否未超过允许的单元数量。

   a. 将总单元数乘以 0.3333（三分之一）以确定在120% AMI 门槛下允许的最大单元数。

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.

2. 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).

Actual Income Limits 2024								
% MFI	1 Pers	2 Pers	3 Pers	4 Pers	5 Pers	6 Pers	7 Pers	8 Pers
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
50%	**$41,300**	**$47,200**	**$53,100**	**$59,000**	**$63,750**	**$68,450**	**$73,200**	**$77,900**
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 **
  1. 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)
  1. 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.

示例：如果物业有50个单元；将单元数乘以 0.3333 = 16.665。始终向上取整。最大单元数将是17。

2. 为确定您物业的120% AMI 收入限制，将收入限制的% AMI（50%或60%）乘以120%。

示例：如果物业采用50% AMI 收入限制，则将当前该县的实际收入限制乘以120%（$41,300 x 120% = $49,560）。

	2024年实际收入限制							
% MFI	1人	2人	3人	4人	5人	6人	7人	8人
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
50%	**$41,300**	**$47,200**	**$53,100**	**$59,000**	**$63,750**	**$68,450**	**$73,200**	**$77,900**
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	$57,840	$93,480

- 该家庭不符合极低收入或低收入家庭资格 **

1. 如果勾选此项，该家庭搬入单元前需要获得 OHCS 的豁免批准。

- 该住户未满58岁且符合残障人士资格（见说明）

1. 如果勾选此项，物业必须就该残疾人取得证明文件，证明其存在身体或精神损伤，该损伤实质上限制了一项或多项主要生活活动；或存在该损伤的记录；或被他人认为存在该损伤。此术语不包括当前非法使用或对管制药物成瘾的情况。此证明文件无需经过第三方验证。请参阅 24CFR 100.201：eCFR :: 24 CFR 100.201 -- 定义。

业主或代表签名

业主或业主代表有责任在**完成 TIC 且成年家庭成员签署并注明日期后立即签署本文件并注明日期，且不得晚于 TIC 的生效日期。入住认证的签署日期不应早于认证生效日期前10天。**记录和确定资格（包括完成并签署 TIC）以及确保此类文件安全地保存在租户档案中极其重要，应由受过项目合规培训的人员进行。针对现有（当前）居民的收购/翻新认证，要求 TIC 在收购之日（即建筑投入使用 (PIS) 日期）前后 120 天内完成填写和签署。

本说明不应视为老年债券合规性的完整指南。遵守联邦和州计划法规的责任在于获得抵免或其他资金可允许的物业/楼宇的所有者。

公共负担声明

收集此信息的公众报告负担估计平均每次回复为4小时。这包括收集、审查和报告数据的时间。该信息将用于衡量每年通过 OHCS 计划融资建成的住房单元数量。
该信息也将用于分析这些住房单元的特征，并将向公众发布。

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