OREGON HOUSING and COMMUNITY SERVICES

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) **Current Passbook % Rate** $[ ] X [ ] % = $[ ]

IMPUTED INCOME **(J) =**

Enter the greater of: Total of column (I) or 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**

Revised 04/2024

EQUAL HOUSING OPPORTUNITY

OREGON HOUSING and COMMUNITY SERVICES

老年债券租户收入证明 (1986年8月15日-当前) ☐ 初始认证 ☐ 重新认证 ☐ 其他 _____	入住日期：_____ 生效日期：_____ （月/日/年）

第一部分：物业信息

物业名称：_____ 县：_____ 单元号：_____

地址: _____ 卧室数量：_____

第二部分：家庭成员构成

家庭成员编号	姓氏	名字	中间名缩写	与户主关系	种族	族裔	残障人士(是/否)	出生日期	全日制学生(是/否)	社保号后四位
1										
2										
3										

第三部分：年度总收入

家庭成员编号	**(A)** 社会保障金	**(B)** 养老金	**(C)** 就业/自雇收入	**(D)** 其他收入
总计				

将以上(A)-(D)项总计相加得出总收入。 **总收入 (E) =**

第四部分：资产收入

家庭成员编号	**(F)** 资产类型	**(G)** 实际/估算 (C/I)	**(H)** 资产现金价值	**(I)** 资产年收入

输入第**(H)**列总计 **总计**

当前活期存款利率%

(若超过 $5,000) $ _____ X _____ % = $ _____

估算收入 **(J) =**

输入较大者：第(I)列总计或估算收入(J)。 **资产总收入 (K) =**

将第(E)列+(K)列相加。 **年度住户所有来源及资产总收入 (L) =**

家庭认证与签名

本人/我们已为第二部分列出的每位人员提供了当前预期年收入和资产的可接受证明。本人/我们同意在租赁期间，如果住户构成发生变化或任何成员成为全日制学生，立即通知房东。本人/我们将报告自本表格签署之日起至其生效之日期间发生的任何收入或住户构成变化。

根据伪证罪处罚规定，本人/我们证明以上所提供的信息据本人/我们所知所信是真实准确的。本人/我们进一步理解，在此提供虚假陈述（包括误导性或不完整信息）构成欺诈行为，并可能导致本人/我们的租约终止。

_____ _____ _____ _____

住户签名 **日期** **住户签名** **日期**

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Effective Date _____ Household Size at Move-In: _____

PART V. STUDENT STATUS

ARE ALL OCCUPANTS FULL-TIME STUDENTS?	* Student Exemptions
If yes, enter student exemptions *	1 TANF assistance
☐ Yes * ☐ No Enter Exemption #: ____	2 Job Training Program
	3 Single parent/dependent child
	4 Married/joint tax returns
	5 Previous Foster Care Assistance

PART VI. INCOME LIMITS

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:
From Item (L) on page 1: _____

Household Meets Income Restriction at: $_____

☐ 50% ☐ 60% ☐ 120% *** ☐ Over State-Wide Median Income **

RECERTIFICATION ONLY:

Household Income at Move-In: $_____

Current Income Limit x 140% $_____

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**	☐ **b. HOME / HTF**	☐ **c. HDGP/Trust Fund/GHAP/ H+/PSH**	☐ **d. Risk Share/ Conduit**	☐ **e.**_____ Name of Program
Income Status	**Income Status**	**Income Status**	**Income Status**	**Income Status**
☐ ≤ 40% AMGI	☐ ≤ 30% AMGI	☐ ≤ 40% AMGI	☐ ≤ 40% AMGI	☐ ≤ 40% AMGI
☐ ≤ 50% AMGI	☐ ≤ 50% AMGI	☐ ≤ 50% AMGI	☐ ≤ 50% AMGI	☐ ≤ 50% AMGI
☐ ≤ 60% AMGI	☐ ≤ 60% AMGI	☐ ≤ 60% AMGI	☐ ≤ 60% AMGI	☐ ≤ 60% AMGI
☐ OI**	☐ ≤ 80% AMGI	☐ OI**	☐ OI**	☐ OI**
	☐ 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 _____

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生效日期 _____ 入住时住户人数：_____

第五部分：学生身份

所有居住者都是全日制学生吗？	* 学生豁免
如果是，请输入学生豁免 *	1 TANF 援助 2 职业培训计划 3 单亲父母/抚养孩子 4 已婚/联合报税 5 曾接受寄养援助
☐ 是 * ☐ 否 输入豁免编号：____	

第六部分：收入限制

20 _____ 县 收入限制

** 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

年度住户所有来源总收入：
来自第1页项目(L)：

住户符合以下收入限制：$_____

☐ 50% ☐ 60% ☐ 120% *** ☐ 超过全州收入中位数 **

仅限重新认证：

入住时家庭收入：$_____

当前收入限制 x 140% $ _____

重新认证时住户收入超过140%： ☐是 ☐ 否

第八部分其他计划类型

勾选下方列出的项目（a 至 e），该家庭的单元将被计入物业的入住要求。
在标记的每个计划下，指明本认证/重新认证所确定的该家庭的收入状态。

☐ **a. 税收抵免**	☐ **b. HOME / HTF**	☐ **c. HDGP/信托基金 /GHAP/ H+/PSH**	☐ **d. 风险共担/ 管道融资**	☐ **e.**_____ 计划名称
收入状态 ☐ ⩽ 40% AMGI ☐ ⩽ 50% AMGI ☐ ⩽ 60% AMGI ☐ OI**	**收入状态** ☐ ⩽ 30% AMGI ☐ ⩽ 50% AMGI ☐ ⩽ 60% AMGI ☐ ⩽ 80% AMGI ☐ OI**	**收入状态** ☐ ⩽ 40% AMGI ☐ ⩽ 50% AMGI ☐ ⩽ 60% AMGI ☐ OI**	**收入状态** ☐ ⩽ 40% AMGI ☐ ⩽ 50% AMGI ☐ ⩽ 60% AMGI ☐ OI**	**收入状态** ☐ ⩽ 40% AMGI ☐ ⩽ 50% AMGI ☐ ⩽ 60% AMGI ☐ OI**

**重新认证时，根据本节勾选计划的资格要求，确定该住户为收入超标(OI)。

第九部分：合格住户

勾选所有适用的选项

☐ 该住户符合极低收入或低收入家庭资格。
☐ 该住户符合120% AMI 资格，适用限制 *** （见说明）
☐ 该住户不符合极低收入或低收入家庭资格。** (见第十部分 豁免)
☐ 该住户符合老年住户资格（勾选所有适用的选项。）
  ☐ 户主年龄为58岁或以上。
  ☐ 该住户未满58岁且符合残障人士资格（见说明）

基于此处的陈述以及要求提交的证明和文件，第二部分列出的个人符合修订后的《国内税收法》第142(d)条以及（如适用）土地用途限制协议的规定，有资格居住在该项目中收入/租金受限的单元内。

业主/管理公司代理人印刷体姓名 _____ 业主/管理公司代理人签名 _____ 日期 _____

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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

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第十部分：豁免请求

**豁免请求：如果申请人收入超过全州中位数收入（$99,200.00），管理员必须填写此部分。

在申请豁免的申请人入住前，豁免必须经 OHCS 批准并签署。将豁免请求连同支持当前预留的证明文件通过电子邮件发送至 OHCS：ARH.Portfolio@hcs.oregon.gov

如果一个家庭成员是残障人士，需要特殊住房安排以容纳其损伤，并且该残障源于身体或精神上的损伤，严重限制了一项或多项主要生活能力，则 OHCS 可豁免寻求入住老年住房物业住户的收入限制和年龄要求；但是，不得豁免《国内税收法》第142(d)条的要求（豁免不得计入要求的物业预留比例）。

业主/管理公司代理人印刷体姓名	业主/管理公司代理人签名	日期

豁免批准：

OHCS 合规分析师 (印刷体姓名)	OHCS 合规分析师签名	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

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