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

XAQIIJINTA DAKHLIGA SAAMIGA KIRADA EE DADKA WAAWAYN (Agoosto 15, 1986 – Hadda)

☐ Xaqiijinta Koowaad ☐ Dib u xaqiijinta ☐ Wax kale _____

Taariikhda-aad Kusoo Wareegtay: _____

Taariikhda Dhaqan Galka: _____ (BISHA/MAALINTA/SANADKA)

QAYBTA I. XOGTA HANTIDA

Magaca Dhismaha: _____ Degmada: _____ Lambarka Dhismaha: _____

Ciwaanka: _____ Tirada Qolalka: _____

QAYBTA II. TIRADA QOYSKA

HH Mbr #	Magaca Dambe	Magaca hore	Xarafka Magaca Dhexe	Xiriirka kala dhaxeeya Madaxa guud ee Qoyska	Qowmiyada	Jinsiyada	Naafo ah (Haa/Maya)	Taariikhda Dhalashada	Ardayda Waqti Buuxa Dugsi Dhigta (Haa/Maya)	4 Ta lambar ee ugu dambeeya SS#
1										
2										
3										

QAYBTA III. DAKHLIGA GUUD EE SANADLAHA AH

HH Mbr #	**(A)** Sooshal sekuuritiga	**(B)** Gunnada	**(C)** Shaqada/Isku Shaqeynta	**(D)** Dakhli Kale
Wadarta Guud				

Ku dar lacagta guud tan (A) - (D) si aad u go'aamiso dakhliga guud. **DAKHLIGA GUUD (E)** =

QAYBTA IV. DAKHLIGA LAGA HELO HANTIDA

HH Mbr #	**(F)** Nooca Handida	**(G)** Tan hadda/La qoondeeyay (C/I)	**(H)** Qiimah Lacagta Caddaanka ah ee Hantida	**(I)** Dakhliga Sanadlaha ah ee Hantida
Geli tirada Guud Kolamka **(H)**		**WADARTA GUUD**		

Qiimaha Passbook % ee Hadda

(Haddii ay ka badan tahay $5,000) $ _____ X _____ % = $ _____

DAKHLIGA LA KALA DHIGTO **(J)** =

Geli Cadadka ka wayn: Cadadka guud ee kolamka (I) ama Dakhliga la kala dhigto (J).**WADARTA GUUD EE DAKHLIGA LAGA HELO HANTIDA (K) =**

Ku dar Kolamka (E) + (K). **DAKHLIGA QOYSKA EE GUUD EE SANADLHA AH EE LAGA HELO DHAMMAAN ILAHA HANTIDA (L) =**

XAQIIJINTA QOYSKA IYO SAXIIXYADA

Aniga/anaga waxaan siinay qof kasta oo lagu sheegay Qaybta II aad xaqiijinta la aqbali karo ee dakhliga sanadlaha ah ee la filaayo iyo hantida. Aniga/anaga waxaan ogolahay inaan si degdeg ah u ogeysiiyo mulkiilaha haddii ay jiraan isbadelo lagu sameeyo tirada qoyska ama haddii xubin uu noqdo arday buuxa inta lagu jiro muddada kiradaan. Aniga/anaga waxaan soo sheegi doonaa isbadel kasta oo ku yimaada dakhliga ama tirada qoyska ee dhaca inta u dhaxeysa wakhtiga foomkaan la saxiixay iyo taariikhda uu dhaqan galaayo.

Marka la eego ciqaabta been-abuurka ka dhalata, Aniga/anagu waxaan caddaynayaa in macluumaadka lagu soo bandhigay kor yahay run iyo sax inta ugu wanaagsan aqoontayda/aqoonteena iyo waxa aan aaminsanahay. Aniga/anaga waxa kale oo aan fahansanahay in bixinta warbixino been abuur ah (oo lagu daro macluumaad marin habaabin ah ama aan dhameystirnayn) inay halkan ka dhigan tahay fal khiyaamo ah oo ay keeni karto joojinta heshiiskeena/heshiiskayga.

_____ _____ _____ _____

Saxiixa Degenaha **Taariikhda** **Saxiixa Degenaha** **Taariikhda**

EQUAL HOUSING OPPORTUNITY

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 _____

EQUAL HOUSING OPPORTUNITY

Taariikhda Dhaqangalka _____ Tirada Qoyska marka ay Soo Guuriyaan: _____

QAYBTA V. XAALADAHA ARDAYGA

MA YIHIIN DHAMMAAN ARDAYDA ARDAY DUGSIGA DHIGTA MAALINTA OO BUUXDA?	* Dhaafitaanada Ardayga
Haddii jawaabtu tahay haa, geli dhaafitaanada ardayga * ☐ Haa * ☐ Maya Geli Lambarka Dhaafitaanka: ____	1 Kaalmada TANF 2 Barnaamijka Tababarka Shaqada 3 Waalid kali ah/ilmo waalidka ku tiirsan 4 Canshuur celinada Dadka Isqaba/waalid wada jira 5 Kaalmada Daryeelka Korniinka ee Hore

QAYBTA VI. XADIDYADA DAKHLI

20 XADIDYADA DAKHLIGA EE _____ Degmada

**** In ka badan Dakhliga Dhexdhexaadka ah ee Gobolka oo dhan - Eeg DHAAFITAANKA ****

1 QOF OO KATIRSAN QOYSKA		2 QOF OO KATIRSAN QOYSKA	
☐ 50 % AMI iyo Kasii Hoose	$ _____	☐ 50 % AMI iyo Kasii Hoose	$ _____
☐ 60% AMI iyo kasii Hoose	$_____	☐ 60% AMI iyo kasii Hoose	$_____
☐ Ka badan dakhliga Gobalka oo dhan **	$ **99,200.00**	☐ Ka badan dakhliga Gobalka oo dhan **	$**99,200.00**

QAYBTA VII. GO'AAMINTA U QALMIDA DAKHLIGA

WADAR GUUD EE QOYSKA EE SANADLAHA AH DAKHLIGA LAGA HELO GUUD AHAAN ILAHA:
Laga bilaabo sheyga (L) bogga 1 aad:

Qoysku waxay buuxiyaan xaddidaadda dakhliga ee: $_____

☐ 50% ☐ 60% ☐ 120% *** ☐ Ka badan Dakhliga guud ee gobalka iyo kan dhexdhexaadka ah **

DIB U XAQIIJIN OO KALIYA:

Dakhliga Qoyska marka ay Soo-Guuriyaan: $_____

Xadidka Dakhliga Hadda 140% $ _____

Dakhliga Qoysku wuxuu dhaafay 140% heerka dib u xaqiijinta: ☐ Haa ☐ Maya

QAYBTA VIII. NOOCYADA BARNAAMIJYADA KALE

Calaamadee barnaamijka(yada) hoose, (a. ee loo maraayo e.) ee dhismaha qoyskaan lagu tirin doono shuruudaha deganaanshaha guriga. Gudaha barnaamij kasta oo la calaamadeeyay, muuji heerka dakhliga qoyska sida lagu dejiyay xaqiijintaan/dib u xaqiijintaan.

☐ **a. Xaalada Dakhliga**	☐ **b. HOME / HTF**	☐ **c. Xaaladah Dakhliga ee HDGP/Trust Fund/GHAP/ H+/PSH**	☐ **d. Wadaagista Halista/ Xaalada Dakhliga Conduit-ka**	☐ **e.**_____ Magaca Barnaamijka **Xaaladah Dakhliga**
Dhibcaha Canshuurta	**Xaaladaha Dakhliga**			
☐ ≤ 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**			

**Marka dib loo xaqiijiyay, qoyska waxaa la go'aamiyay inay helaan dakhli dheeraad ah (OI) iyadoo loo eegayo shuruudaha u-qalmitaanka ee barnaamijka(yada) kor lagu calaamadeeyay qaybtaan.

QAYBTA IX. XUBNAHA QOYSKA EE U QALMA `

Tik saar dhammaan meelaha ku quseeya

☐ Qoysku waxay u qalmaan sida qoys hela dakhli hoose ama aad u hooseeya.
☐ Qoysku waxay u qalmaan heerka 120% AMI, Xadidaayo ayaa lagu saleeyaa *** (Eeg Tilmaamaha)
☐ Qoysku u qalmo sida qoys hela dakhli hoose ama aad u hooseeya. ** (Eeg Qaybta X. Dhaafitaanka)
☐ Qoysku wuxuu u qalmaa sida Qoys Waawayn (Calaamadee dhammaan meelaha ku khuseeya.)
  ☐ Madaxa guud ee qoyska waa 58 sano jir ama kasii wayn.
  ☐ Qoysku ma jiro 58 sano wuxuuna u qalmaa sida qof curyaan ah (Eeg Tilmaamaha)

Marka la eego xogaha halkaan ku jira iyo caddaynta iyo dukumiintiyada loo baahan yahay in la gudbiyo, shakhsiga lagu magacaabay Qaybta II aad ee Xaqiijinta Dakhliga Kireystaha waxa/ay xaq u leeyihiin sida waafaqsan qodobbada Qaybta 142 (d) ee Xeerka Dakhliga Gudaha, sida wax laga badelay, iyo Heshiiska Xakamaynta Isticmaalka Dhulka (haddii ay khusayso), inay ku noolaadaan qayb dakhli/kirada mashruucaan.

_____ _____ _____
Magaca Mulkiilaha/Wakiilka Maamulka oo Far waawayn ku qoran | Saxiixa Mulkiilaha/Wakiilka Maamulka | Taariikhda

EQUAL HOUSING OPPORTUNITY

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

QAYBTA X. CODSIGA DHAAFITAANKA

****CODSIGA DHAAFITAANKA: MAAMULUHU WAA INUU BUUXIYO HADDII CODSADUHU HELO KA BADAN DAKHLIGA DHEXDHEXAADKA AH EE GOBALKA OO DHAN ($99,200.00)**

Dhaafitaanadu waa inay oggolaadaan oo ayna saxiixdo OHCS ka hor inta codsadaha u baahan tanaasulidka usoo Guurista. Iiimayl u dir codsiga Dhaafitaanka asagoo wata dukumiinti taageeraya xaalada hadda oo ugu dir OHCS iimaylkaan ARH.Portfolio@hcs.oregon.gov

OHCS waxa laga yaabaa inay dhaafto xadidka dakhliga iyo shuruudaha da'da qoyska doonaya inay degaan Guryaha Dadka Waayeelka ah haddii qofka guriga ku jira uu yahay qof naafo ah oo u baahan in la siiyo guryo gaar ah si loo daboolo baahiyaha naafadiisa iyo itaaldarada la xariirta dhaawac jidheed ama maskaxeed oo si xad dhaaf ah u xaddidaya hal ama dhawr hawlood oo nolosha kamid ah; hase yeeshee, dhaafitaankaas laguma samayn karo shuruudaha Qaybta 142(d) aad ee Xeerka (dhaafitaanka waa inaan lagu tirin dhanka hantida loo baahan yahay ee dhinaca la dhigay).

Magaca Mulkiilaha/Wakiilka Maamulka oo Far waawayn ku qoran	Saxiixa Mulkiilaha/Wakiilka Maamulka	Taariikhda

ANSIXINTA DHAAFITAANKA:

Qiimeynta U hogaansanaanta OHCS (Magaca oo Far waawayn ku Qoran)	Saxiixa OHCS ee Qiimeynta U hogaansanaanta	Taariikhda

Fadlan iimayl u dir Language.Access@HCS.oregon.gov haddii aad qabto walaacyo ama haddii aan tayada turjumaadaan kor u qaadi karno