

<b>HPlus/GHAP/HPF/Trust Fund TENANT INCOME CERTIFICATION</b> <input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other _____	Move-In Date: _____ Effective Date: _____ <div style="text-align: right; font-size: small;">(MM-DD-YYYY)</div>
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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	Last 4 Digits of SS#
1									
2									
3									
4									
5									
6									
7									

PART III. GROSS ANNUAL INCOME				
HH Mbr #	(A) Social Security	(B) Pensions	(C) Employment or Self-Employment	(D) Other Income
<b>Totals</b>	\$ _____	\$ _____	\$ _____	\$ _____
Add totals from above, (A) thru (D), to determine total income.				<b>TOTAL INCOME (E) =</b> \$ _____

PART IV. INCOME FROM ASSETS				
HH Mbr #	(F) Type of Asset	(G) Current or Disposed	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:			\$ _____	\$ _____
Enter Column (H) Total		Current Passbook Rate	IMPUTED INCOME (J) =	
(If over \$5,000)\$ _____ X _____ % = >>> (J)Imputed Income>>>>			\$ _____	
Enter the greater of the total of column (I) or Imputed Income (J): TOTAL INCOME FROM ASSETS (K)=				\$ _____

Add (E) + (K)	<b>TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES (L) =</b>	\$ _____
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HOUSEHOLD CERTIFICATION & SIGNATURES
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I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income and assets. 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
Resident Signature	Date	Resident Signature	Date

HPlus/GHAP/HPF/Trust Fund Programs (REV 12/2017)

Effective Date of Income Certification: \_\_\_\_\_ Household Name: \_\_\_\_\_ Unit#: \_\_\_\_\_

**PART V. DETERMINATION OF INCOME ELIGIBILITY**

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: (From (L) on page one)

\$

Household Meets Income Restriction at: \_\_\_\_\_ % MFI

Current Income Limit Per Family Size: \$ \_\_\_\_\_

Current Household Size: \_\_\_\_\_

Annual Household Income at Move-In: \$ \_\_\_\_\_

Household Size at Move-In: \_\_\_\_\_

**PART VI. RENT**

TENANT PAID RENT: \$ \_\_\_\_\_ (A)

RENTAL ASSISTANCE IS: (Mark one)

UTILITY ALLOWANCE: \$ \_\_\_\_\_ (B)

Tenant-Based (Voucher)

RENTAL ASSISTANCE: \$ \_\_\_\_\_ (C)

Project-Based

NON-OPTIONAL CHARGES: \$ \_\_\_\_\_ (D)

Other: \_\_\_\_\_

1. Add (A), (B) AND (D) If there is no rental assistance.
2. Add (A), (B), (C) AND (D) If there is rental assistance.

Not Applicable

GROSS RENT FOR UNIT:

\$

Maximum Gross Rent Limit for Unit: \$ \_\_\_\_\_

**PART VII. PROGRAM TYPE**

Mark the program(s) listed below 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.

**HPlus/NSP2**

**HPF**

**GHAP**

**HDGP/Trust Fund**

**Other:** \_\_\_\_\_

**Income Status**

**Income Status**

**Income Status**

**Income Status**

**Income Status**

≤ 50% AMGI  
≤ 60% AMGI  
≤ 80% AMGI  
OI\*\*

≤ 50% AMGI  
≤ 60% AMGI  
≤ 80% AMGI  
OI\*\*

≤ 50% AMGI  
≤ 60% AMGI  
≤ 80% AMGI  
OI\*\*

≤ 50% AMGI  
≤ 60% AMGI  
≤ 80% AMGI  
OI\*\*

≤ 50% AMGI  
≤ 60% AMGI  
≤ 80% AMGI  
OI\*\*

\*\*Upon certification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

**SIGNATURE OF OWNER/REPRESENTATIVE**

Based on the representations herein and upon the proofs 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 OHCS Housing Development Grants and other OHCS Restrictive Agreements (if applicable), to live in a unit in this property.

\_\_\_\_\_  
Printed Name of Owner/Representative

\_\_\_\_\_  
Signature of Owner/Representative

\_\_\_\_\_  
Signature Date