

HOME (only) TENANT INCOME CERTIFICATION



OREGON HOUSING and
COMMUNITY SERVICES

Effective Date: _____

Move-In Date: _____

Initial Certification Recertification Other* _____

PART I - DEVELOPMENT DATA

Property Name: _____ County: _____ Bldg. # _____
 Address _____ Unit Number: _____ # Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name	Middle Initial	Relationship 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										
4										
5										
6										
7										

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$	\$	\$	\$
Total Income (E):				\$

PART IV. ASSETS

PART IVA. INCOME FROM ASSETS - LESS THAN OR EQUAL TO IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP), Real Property, and Federal Tax Refunds/Credits has been verified as **LESS** than or **EQUAL** to the Imputed Income Limitation

Enter Total of **ACTUAL INCOME** earned from all Assets (F) \$

PART IVB. INCOME FROM ASSETS – GREATER THAN IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as **GREATER** than the Imputed Income Limitation.

HH Mbr#	(G) Type of Asset	(H) C/D	(I) NNPP / Real/ Tax Relief	(J) Cash Value of Asset	(K) A/I	(L) Annual Income from Asset
Enter Total Income from all Assets (M)						\$

PART V. TOTAL HOUSEHOLD INCOME

Total Annual Household Income from All Sources [Add (E) + (F) **OR** (E) + (M)] \$

HOUSEHOLD CERTIFICATION & SIGNATURE(S)

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full-time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Resident Signature	Signature Date	Resident Signature	Signature Date
Resident Signature	Signature Date	Resident Signature	Signature Date

PART VI. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$ _____
From Part V. on Page 1

Household Meets Income Restriction at % MFI:

- 80% 60%
 50% 30%

Current Income Limit per Family Size: \$ _____
Household Income at Move-In: \$ _____

RECERTIFICATION ONLY:

Current 80% MFI Income Limit (per family size): \$ _____

Household Income exceeds 80% at recertification:

- Yes No

Household Size at Move-In: _____

Current Household Size: _____

PART VII. RENT

Tenant Rent: \$ _____

Utility Allowance: \$ _____

Rental Assistance: \$ _____

Any Non-Optional Charges: \$ _____

Gross Rent for Unit (See Instructions): \$ _____

Maximum Gross Rent Limit for this unit: \$ _____
(High, Low, or FMR HOME Published Rent)

Unit Meets Rent Restriction at:

- High HOME Low HOME
 Group Home

Please check required designation:

- Fixed Unit Floating Unit

HOME maximum published gross rents may be exceeded only if:

- rental assistance of \$1.00 must be paid, and
- household rent paid = 30% of adjusted income, or
- household rent paid = 10% of the family's gross income

Is the source of Rental Assistance Federal, State, or local?

- Yes No

If no, what is the source of the assistance?

PART VIII. STUDENT STATUS

Are ANY Household Members Students?

- Yes No

If yes, enter Student Explanation* and attach documentation

Enter 1-5: _____

Student Explanation:

1. Over the age of 24
2. Veteran of the U.S. Military
3. Married
4. Has one or more dependent child/ren
5. Under 24 and Independent Student
6. Under 24 and Parents are income eligible

PART IX. PROGRAM TYPE (see instructions)

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.

a. HOME <input type="checkbox"/>	b. Elderly Bond <input type="checkbox"/>	c. HOME-ARP <input type="checkbox"/>	d. OAHTC/HDGP <input type="checkbox"/>	e. Other _____ <input type="checkbox"/>
<p><i>Income Status:</i></p> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<p><i>Income Status:</i></p> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<p><i>Income Status:</i></p> <input type="checkbox"/> 30%/Poverty Line <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> OI**	<p><i>Income Status:</i></p> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<p><i>Income Status:</i></p> <input type="checkbox"/> _____% <input type="checkbox"/> _____% <input type="checkbox"/> OI**

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 CFR Part 92 (HOME Final Rule), as amended, and other recorded HOME Restrictive Agreements (if applicable), to live in a unit in this Project.

Printed Name of Owner/Representative

Signature Owner/Representative

Date

