# TENANT INCOME CERTIFICATION

<table>
<thead>
<tr>
<th>Project Name</th>
<th>MSHDA Project Number</th>
<th>Effective Date of this Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Name</td>
<td>Unit Number</td>
<td>HOME unit (check one box)</td>
</tr>
<tr>
<td>Building Address</td>
<td>Building Identification Number</td>
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</tbody>
</table>

## TYPE OF TRANSACTION (check one box only)

- [ ] INITIAL Certification / New Move-In  [ ] INTERIM Recertification  [ ] ANNUAL Recertification
- [ ] Cert Correction (Explanation: ______________)  [ ] Program Change, from ______________ to ______________
- [ ] Unit Transfer Within Same Building
  Moved out of Unit #____________ on ______________ and into Unit #____________ on ______________
- [ ] Unit Transfer To A Different Building Within Project (For LIHTC projects, a unit “transfer” to different building must be treated the same as a new move-in and an initial cert must be completed.)
- [ ] Other (Describe: ______________)  [ ] MOVE-OUT (Date: ______________)

## HEAD OF HOUSEHOLD

a. Race of Head of Household (Enter Code Number from list below): _______
   1-Caucasian  2-Black  3-American Indian  4-Asian  5-Hispanic  6-Multiracial  9-Other, _______

b. Marital Status of HEAD (Enter Code Number from List below): ___________
   1-Married  2-Single  3-Widow(er)  4-Divorced  5-Separated  9-Not Reported

c. Number of Dependents: ___________

## Information about HOUSEHOLD COMPOSITION (attach additional sheet if needed)

<table>
<thead>
<tr>
<th>Member #</th>
<th>Last Name</th>
<th>First Name</th>
<th>Elderly?</th>
<th>Handicapped?</th>
<th>Disabled?</th>
<th>Gender (Male or Female)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Head</td>
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</table>

Are any changes to the above household composition certain or anticipated to occur during the upcoming year?
- [ ] No  [ ] Yes, describe ______________.

*Only if such is required for this project*, indicate any special demographic or targeting set-asides this household is being counted toward meeting, such as Homeless, Domestic Violence, etc.: ______________ or [ ] N/A

## Information about Tenant’s RENT

a. Check one box only:
   - [ ] Rent-Regulated  [ ] Unregulated Rent

b. If rent-assisted, indicate type:
   - [ ] MSHDA Subsidy  [ ] Section 8 Tenant-Based Voucher
   - [ ] Other, ______________

* AMGI %: Indicate which of the project’s income and/or rent targeting levels this unit/household is being counted towards meeting.
# TENANT INCOME CERTIFICATION

| □ Initial Certification | □ Recertification | □ Other ________ |

**Effective Date:** ____________________  
**Move-in Date:** ____________________ (MM/DD/YYYY)

## PART I - DEVELOPMENT DATA

<table>
<thead>
<tr>
<th>Property Name:</th>
<th>County:</th>
<th>BIN #:</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Unit Number:</td>
<td># Bedrooms:</td>
</tr>
</tbody>
</table>

## PART II. HOUSEHOLD COMPOSITION

<table>
<thead>
<tr>
<th>HH Mbr #</th>
<th>Last Name</th>
<th>First Name &amp; Middle Initial</th>
<th>Relationship to Head of Household</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>F/T Student (Y or N)</th>
<th>Social Security or Alien Reg. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>HEAD</td>
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</table>

## PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

<table>
<thead>
<tr>
<th>HH Mbr #</th>
<th>(A) Employment or Wages</th>
<th>(B) Soc. Security/Pensions</th>
<th>(C) Public Assistance</th>
<th>(D) Other Income</th>
<th>TOTALS</th>
</tr>
</thead>
</table>

Add totals from (A) through (D), above  
**TOTAL INCOME (E):** $__________

## PART IV. INCOME FROM ASSETS

<table>
<thead>
<tr>
<th>Hshld Mbr #</th>
<th>(F) Type of Asset</th>
<th>(G) C/I</th>
<th>(H) Cash Value of Asset</th>
<th>(I) Annual Income from Asset</th>
</tr>
</thead>
</table>

Enter Column (H) Total  
If over $5000 $__________ X 2.00% = (J) Imputed Income $__________

Enter the greater of the total of column I, or J: imputed income  
**TOTAL INCOME FROM ASSETS (K):** $__________

(L) Total Annual Household Income from all Sources [Add (E) + (K)] $__________

## HOUSEHOLD CERTIFICATION & SIGNATURES

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.

<table>
<thead>
<tr>
<th>Signature</th>
<th>(Date)</th>
<th>Signature</th>
<th>(Date)</th>
<th>Signature</th>
<th>(Date)</th>
</tr>
</thead>
</table>

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PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: $ 

Household Meets Income Restriction at: 

- [ ] 60% 
- [ ] 50% 
- [ ] 40% 
- [ ] 30% 
- [ ] ____% 

Current Income Limit per Family Size: $ 

Household Income at Move-in: $ 

Household Size at Move-in: 

PART VI. RENT

Tenant Paid Rent $ 

Utility Allowance $ 

Rent Assistance: $ 

Other non-optional charges: $ 

GROSS RENT FOR UNIT: $ 

(Tenant paid rent plus Utility Allowance & other non-optional charges) 

Unit Meets Rent Restriction at: 

- [ ] 60% 
- [ ] 50% 
- [ ] 40% 
- [ ] 30% 
- [ ] ____% 

Maximum Rent Limit for this unit: $ 

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS? 

- [ ] Yes 
- [ ] No 

If yes, Enter student explanation* (also attach documentation) 

Enter 1-5 

*Student Explanation: 

1. TANF assistance 
2. Job Training Program 
3. Single parent/dependent child 
4. Married/joint return 
5. Foster Care 

PART VIII. PROGRAM TYPE

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  
See Part V above. 

b. HOME  

Income Status 

- [ ] ≤ 50% AMGI 
- [ ] ≤ 60% AMGI 
- [ ] ≤ 80% AMGI 
- [ ] OI** 

Income Status 

- [ ] 50% AMGI 
- [ ] 60% AMGI 
- [ ] 80% AMGI 
- [ ] OI** 

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

d. Taxable Bond  

Income Status 

- [ ] 50% AMGI 
- [ ] 80% AMGI 
- [ ] OI** 

Income Status 

- [ ] ≤ 50% AMGI 
- [ ] ≤ 60% AMGI 
- [ ] ≤ 80% AMGI 
- [ ] OI** 

e. ____________  

(Name of Program) 

Income Status 

- [ ] ≤ 50% AMGI 
- [ ] ≤ 60% AMGI 
- [ ] ≤ 80% AMGI 
- [ ] OI** 

** Upon recertification, 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 Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE  

DATE 

March 2014  

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