



TENANT INCOME CERTIFICATION

___ % AMGI* Income
___ % AMGI* Rent

Project Name	MSHDA Project Number	Effective Date of this Certification
Household Name	Unit Number	HOME unit (check one box) <input type="checkbox"/> N/A <input type="checkbox"/> LOW Home <input type="checkbox"/> HIGH Home
Building Address		Building Identification Number

TYPE OF TRANSACTION (check one box only)		
<input type="checkbox"/> INITIAL Certification / New Move-In	<input type="checkbox"/> INTERIM Recertification	<input type="checkbox"/> ANNUAL Recertification
<input type="checkbox"/> Cert Correction (Explanation: _____) <input type="checkbox"/> Program Change , from _____ to _____		
<input type="checkbox"/> Unit Transfer Within Same Building Moved out of Unit # _____ on _____ and into Unit # _____ on _____		
<input type="checkbox"/> 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.)		
<input type="checkbox"/> Other (Describe: _____) <input type="checkbox"/> 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)						
Member #	Last Name	First Name	Elderly?	Handicapped?	Disabled?	Gender (Male or Female)
1-Head						
2						
3						
4						
5						
6						
Are any changes to the above household composition certain or anticipated to occur during the upcoming year? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe _____						
<i>Only if such is required for this project</i> , indicate any special demographic or targeting set-asides this household is being counted toward meeting, such as Homeless, Domestic Violence, etc.: _____ or <input type="checkbox"/> N/A						

Information about Tenant's RENT	
a. Check one box only: <input type="checkbox"/> Rent-Regulated <input type="checkbox"/> Unregulated Rent	
b. If rent-assisted, indicate type: <input type="checkbox"/> MSHDA Subsidy <input type="checkbox"/> Section 8 Tenant-Based Voucher <input type="checkbox"/> 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

Property Name: _____ County: _____ BIN #: _____
 Address: _____ Unit Number: _____ # Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Social Security or Alien Reg. No.
1			HEAD			
2						
3						
4						
5						
6						
7						

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$	\$	\$	\$
Add totals from (A) through (D), above				TOTAL INCOME (E):
				\$

PART IV. INCOME FROM ASSETS

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:			\$	\$
Enter Column (H) Total		Passbook Rate	=	(J) Imputed Income
If over \$5000		\$ _____ X 0.06%		\$
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.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1 \$		Household Meets Income Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> _____%	<p align="center">RECERTIFICATION ONLY:</p> Current Income Limit x 140%: \$ _____ Household Income exceeds 140% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income Limit per Family Size: \$ _____		Household Size at Move-in: _____	
Move-in: Household Income at \$ _____			

PART VI. RENT

Tenant Paid Rent \$ _____ Utility Allowance \$ _____ GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges) \$	Rent Assistance: \$ _____ Other non-optional charges: \$ _____ Unit Meets Rent Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> _____%
Maximum Rent Limit for this unit: \$ _____	

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, Enter student explanation* (also attach documentation) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Enter 1-5 </div>	<p>*Student Explanation:</p> <ol style="list-style-type: none"> 1 TANF assistance 2 Job Training Program 3 Single parent/dependent child 4 Married/joint return 5 Foster Care
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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 <input type="checkbox"/> See Part V above.	b. HOME <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	c. Tax Exempt <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	d. Taxable Bond <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	e. _____ <input type="checkbox"/> <i>(Name of Program)</i> <i>Income Status</i> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> OI**
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** 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