

Compliance with HUD's Tenant Eligibility and Rent Procedures

Office of Housing
Federal Housing Commissioner

Important: Read the instructions in Appendix I of Handbook 4350.3 before completing this form.

OMB Approval No. 2502-0204 (exp. 9/30/96)

Part I - GENERAL INFORMATION											
Project Name:			2. Date Tenant Moved into this Project:			6. Action Processed: (See Instructions)			7. Type of Subsidy:		
FHA/EH/Non-Insured Project No.:			5. Section 8 Project Contract Number:			a. Always Enter One Code:			a. Subsidy tenant will receive (Enter One Code)		
8a. Date Code (See structure):			8b. Was the Head or Spouse age 62 or older at time of conversion?			8c. Has the Family received Section 8 continuously since being converted?			b. Is this the type of subsidy the Family is NOW receiving?		
9a. Race of Head of Household (Enter One Code)			9b. Ethnicity of Head of Household (Enter one Code):			10. Previous Housing Code (For Move-Ins ONLY):			11. Displacement Code (For Move-Ins ONLY):		
14a. Last Name of Family Member			14b. First 8 Letters of First Name			14c. M. I.			15. Relationship to Head of Household		
16. Sex			17. Date of Birth			18. Age			19. Spec Status Code		
20. Social Security Number or Alien Registration Number			21. Elig. Code			22. Place of Birth			23. Family Member Occupation		
24a. Number of Family Members			24b. Number of Foster Children and Live-In Attendents			25. Number of Dependents					
Part III - NET FAMILY ASSETS AND INCOME				Part IV - ALLOWANCES AND ADJUSTED INCOME				Part VI - FAMILY RENT AND SUBSIDY INFORMATION			
Type of Assets				36. Allowance for Dependents (Item 25 x \$480)				47. WELFARE RENT			
26b. C or I				37. Child Care Allowance				48. HCDA percentage (Leave blank if BMIR)			
26c. Cash Value of Assets				38. 3% of Annual Income (.03 x Item 31)				49. HUD-50055 Worksheet used (See Instructions):			
26d. Actual Yearly Income from Assets				39a. Total Handicapped Assistance Expenses				50. TOTAL TENANT PAYMENT (TTP)			
				39b. Allowance for Handicapped Assistance (See Inst.)				51. TENANT RENT			
27. IMPUTED INCOME FROM ASSETS:				40a. Total Medical Expenses (Elderly Households ONLY)				52. UTILITY REIMBURSEMENT			
Enter the HUD-approved Passbook Rate here () % and multiply the Total in Item 26c by that rate.				40b. Allowance for Medical Expenses (See Instructions.)				53. ASSISTANCE PAYMENT (Line 48 minus Line 50)			
28. INCOME (USE ANNUAL AMOUNTS)				41. Elderly Household Allowance (See Instructions.)				54. Percentage of Adjusted Income Charged			
(Read Instructions before completing this Chart.)				42. Total Allowances (Add Lines 36, 37, 39a, 40b, and 41)				55. Did the 1983 HURRA Rent Limitations affect the Tenant's Rent? () Yes () No			
28b. Employment or Business				43. ADJUSTED INCOME (Line 31 minus Line 42)				Part VII - UNIT ASSIGNMENT AND RECERTIFICATION INFORMATION			
28c. Social Security Pensions, etc.				44. CONTRACT RENT				56. Date Next Annual Recertification Effective			
28d. Public Assistance				45. UTILITY ALLOWANCE				57. Number of Bedrooms			
28e. Other Income				46. GROSS RENT (Line 44 plus Line 45)				58. Building Identification Code			
29. Income from all sources except Assets (Add all amounts on Line 28f above)				47. Part V - PROJECT RENT INFORMATION- (Use amounts that will be in effect on date shown in Item 1)				59. Unit Number (See Inst.)			
30. Income from Assets (Enter the Greater of Item 27 or Total on Line 26d above)				48. Part VIII - CERTIFICATIONS - SIGN ONLY AFTER READING THE STATEMENT THAT APPLIES TO YOU ON THE COVER FLAP.							
31. ANNUAL INCOME (Item 29 plus Item 30)				Head of Household				Date			
a. Lower				33. Eligibility Univers (See Instructions)				Spouse / Co-Head			
b. Very Low				34. Tenant's Current Income Status (See Instructions)				Date			
				35a. Did Tenant begin receiving Section 8 assistance on or after July 1, 1984?				Owner / Agent			
				() Yes () No				Date			
				35b. If "Yes", enter one of the exception codes listed in the instructions							



Read this before you complete and sign this form HUD-50059

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested, including the Social Security numbers (SSNs) you, and all other household family members age six (6) years and older, have and use. Giving the SSNs of all family members age six (6) years and older is mandatory; not providing the SSNs will affect your eligibility. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Tenant(s)' Certification. I/We certify that the information in Parts II, III, and IV of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/We can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification. I certify that this Tenant's eligibility, rent and assistance payment have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing in Part VIII of this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claims Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600; and to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

form HUD-50059 (8/87)
ref. Handbook 4350.3