TENANT INCOME CERTIFICATION

MISSING MIDDLE-RENTAL UNITS

☐ Initial Certification ☐ Recertification

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

PART I - DEVELOPMENT DATA

Property Name: _____ County: _____ MSHDA #: _____

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)	Social Security or Alien Reg. No.
1			HEAD		
2					
3					
4					
5					
6					
7					
8					

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, _____ 10-Not Reported

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 #	Elderly? Handicapped? Disabled?	Gender (Male or Female)
1-Head		
2		
3		
4		
5		
6		
7		
8		

Are any changes to the above household composition certain or anticipated to occur during the upcoming year?

☐ No ☐ Yes, describe _____.

PART III. INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM IRS 1040 OR BASED ON SECTION 8 CALCULATION: $

Household Meets Income Restriction at or above:

☐ 120% ☐ 100% ☐ 80% ☐ 60%

☐ _____%

Current Income Limit per Missing Middle Income Limits for Family Size: $

https://www.michigan.gov/mshda/rental/property-managers/compliance/income_rent_and_utility_limits

Household Income at Move-in: $

Household Size at Move-in: _____

PART IV. RENT

Tenant Paid Rent $

Utility Allowance $

Mandatory Fees $

Rent Assistance: $_____

GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges) $

Maximum Rent Limit for this unit:120% AMI $

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.

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)*

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 Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE DATE