

TENANT INCOME CERTIFICATION

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

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 some LIHTC projects, a unit "transfer" to a different building must be treated the same as a new move-in and an initial certification must be completed.)*

Gross Rent Change 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-Not Reported 10-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: _____

Optional 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?
 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.: _____

Information about Tenant's RENT

a. Check one box only: Rent Restricted Unrestricted 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

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						

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

HH Mbr #	(F) Type of Asset	(G) Cash Value of Asset	(H) Interest Rate*	(I) Annual Income from Asset

*Current Passbook Savings Rate available on HUDUser.gov should only be used to determine Imputed Annual Income from Assets that have no determinable annual income if total assets exceeds threshold.

TOTAL \$ _____

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 and/or benefits.

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 2

\$

Household Meets Income Restriction at:

- 80% 70%
 60% 50%
 40% 30%
 _____%

Current Income Limit per Family Size: \$ _____

Household Income at Move-in: \$ _____

Household Size at Move-in: _____

RECERTIFICATION ONLY:

60% Income Limit x 140%:
\$ _____
(Only use the exact unit's income limit if it is ABOVE 60%)

LIHTC: Household Income exceeds 140% at recertification:
 Yes No

HOME: Household Income exceeds 80% at recertification:
 Yes No
If yes, rent raised to: \$ _____

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:

- 80% 70% 60% 50% 40% 30%
 _____%

Maximum Rent Limit for this unit: \$ _____

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS? If yes, Enter student explanation*
(also attach documentation)

Yes No

Enter Explanation Code

*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**

c. Tax Exempt
Income Status
 50% AMGI
 60% AMGI
 80% AMGI
 OI**

d. Taxable Bond
Income Status
 50% AMGI
 80% AMGI
 OI**

e. _____
(Name of Program)
Income Status

 OI**

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

SIGNATURE OF OWNER/MANAGEMENT AGENT

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/MANAGEMENT

DATE