

# TENANT INCOME CERTIFICATION

Alternate Certification

Effective Date: \_\_\_\_\_  
 Move-in Date: \_\_\_\_\_  
 Current Date: \_\_\_\_\_

## Part I - DEVELOPMENT DATA

Property Name: \_\_\_\_\_ County: \_\_\_\_\_ TC#: \_\_\_\_\_  
 Address: \_\_\_\_\_ BIN#: \_\_\_\_\_ Unit Number: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

## Part II - HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Rel HH	Race *	Ethn *	Dsbd *	Gndr *	Date of Birth	F/T Student	Social Security or Alien Reg. No.
1										
2										
3										
4										

\* Indicates responses are optional and intended for statistical use only.

(L) Total Annual Household Income

## HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine tax credit eligibility. I/We agree to notify the landlord immediately upon 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, with the exception of responses that are identified as optional.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Part VI - RENT

Tenant Paid Rent \_\_\_\_\_  
 Utility Allowance \_\_\_\_\_  
**GROSS RENT FOR UNIT:**  
 (Tenant paid rent plus Utility allowance & Other non-optional charges)

Rental Assistance Type \_\_\_\_\_  
 Rental Assistance \_\_\_\_\_  
 Other non-optional charges \_\_\_\_\_

Unit Meets Rent Restriction at:  
 60%  50%  40%  30%  20%

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)

\*Student Explanation:  
 0 - N/A Year 16 - 30  
 1 - TANF assistance  
 2 - Job Training Program  
 3 - Single parent/dependent child  
 4 - Married/joint return  
 5 - Foster Care

## 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 property.

Signature of Owner/Representative

Date