

TENANT INCOME CERTIFICATION

Effective Date: _____
 Move-in Date: _____
 Current Date: _____

Initial Certification Recertification Other _____

Part I - Development Data

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

Part II - HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Rel HH	Race *	Ethn *	Dsbs *	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.

Part III - GROSS ANNUAL INCOME (Use Annual Amounts)

HH Mbr#	(A) Employment or Wages	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
Total	\$	\$	\$	\$
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				
If over \$5,000 \$ _____ x .0006 = (J) Imputed Income				\$
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"/> 20%	RECERTIFICATION ONLY: 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 Income at Move-in: _____	Household Size at Move-in: _____	

PART VI - RENT

Tenant Paid Rent _____ Utility Allowance _____ GROSS RENT FOR UNIT: (Tenant paid rent plus Utility allowance & Other non-optional charges) Maximum Rent Limit for this unit: _____	Rental Assistance Type: _____ 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"/> 20%
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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) 	*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
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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.

<input type="checkbox"/> a. Tax Credit See Part V above.	<input type="checkbox"/> b. HOME <i>Income Status</i> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> c. Tax Exempt <i>Income Status</i> <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> d. PennHOMES <i>Income Status</i> <input type="checkbox"/> 20% AMGI <input type="checkbox"/> 40% AMGI <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% <input type="checkbox"/> OI**	<input type="checkbox"/> e. PennHOMES/HOME <i>Income Status</i> <input type="checkbox"/> 20% AMGI <input type="checkbox"/> 40% AMGI <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% <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 property.

Signature of Owner/Representative

Date

INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

This form is to be completed by the owner or an authorized representative.

PART I - DEVELOPMENT DATA

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, designate the purpose of the recertification (i.e., a unit transfer, a change in household composition, or other state-required recertification).

- Move-in Date** Enter the date the tenant has or will take occupancy of the unit.
- Effective Date** Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.
- Property Name** Enter the name of the development.
- County** Enter the county (or equivalent) in which the building is located.
- TC#** Enter the Tax Credit identification number for the development.
- BIN#** Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609).
- Address** Enter the address of the building.
- Unit Number** Enter the unit number.
- # Bedrooms** Enter the number of bedrooms in the unit.

PART II - HOUSEHOLD COMPOSITION

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following coded definitions:

- | | | |
|-----------------------|--------------------------------|-----------------------|
| H - Head of Household | S - Spouse | N - None of the above |
| A - Adult co-tenant | O - Other family member | |
| C - Child | F - Foster child(ren)/adult(s) | |
| L - Live-in caretaker | U - Unborn Child | |

Enter the race, ethnicity, disability status, and gender of each household member by using one of the following code definitions: (these fields are optional to the tenant)

Race:

- | | | |
|-------------------------------------|---------------------|----------------------------|
| 1. White | 7. Filipino | 13. Native Hawaiian |
| 2. Black/ African American | 8. Japanese | 14. Guamanian/ Chamorro |
| 3. American Indian/ Native American | 9. Korean | 15. Samoan |
| 4. Asian | 10. Vietnamese | 16. Other Pacific Islander |
| 5. Asian India | 11. Other Asian | 17. Other |
| 6. Chinese | 12. Native Hawaiian | 18. Decline to Answer |

- Choose all that apply

Ethnicity:

- | | |
|----------------------------|----------------------|
| Y - Hispanic or Latino | D- Decline to Answer |
| N - Not Hispanic or Latino | |

Disabled:

- | | |
|--|----------------------|
| Y - Disabled according to Fair Housing Act definitions | D- Decline to Answer |
| N - Not disabled according to Fair Housing Act definitions | |

Gender:

- M-Male
- F-Female

Enter the date of birth, student status, and social security number or alien registration number for each household member.

If there are more members than spaces, use an additional sheet of paper to list the remaining household members and attach it to the certification.

PART III - ANNUAL INCOME

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income, including acceptable forms of verification.

Form the third-party verification forms obtained from each income source, enter the gross amount anticipated to be received for the 12 months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

- Column (A)** Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.
- Column (B)** Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.
- Column (C)** Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).
- Column (D)** Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
- Row (E)** Add the totals from Columns (A) through (D), above. Enter this amount.

PART IV - INCOME FROM ASSETS

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third-party verification forms obtained from each asset source, list the gross amount anticipated to be received during the 12 months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

- Column (F)** List the type of asset (i.e., checking account, savings account, etc.)
- Column (G)** Enter C (for current, if the family currently owns or holds the asset), or I (for imputed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification).
- Column (H)** Enter the cash value of the respective asset. Round to the nearest whole number (no decimals).
- Column (I)** Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate). Round to the nearest whole number (no decimals).
- TOTALS** Add the total of Column (H) and Column (I), respectively.

If the total in Column (H) is greater than \$5,000, you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by .06 percent and enter the amount in (J), Imputed Income.

- Row (K)** Enter the greater of the total in Column (I) or (J)
- Row (L)** Total Annual Household Income from all Sources (Add (E) and (K) and enter the total)

HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Tenant Income Certification. For move-ins, it is recommended that the Tenant Income Certification be signed no earlier than five days prior to the effective date of the certification.

PART V - DETERMINATION OF INCOME ELIGIBILITY

- Total Annual Household Income from all Sources** Enter the number from item (L).
- Current Income Limit per Family Size** Enter the Current Move-in Income Limit for the household size.
- Household income at move-in Household size at move-in** For recertifications only. Enter the household income from the move-in certification. On the adjacent line, enter the number of household members from the move-in certification.
- Household Meets Income Restriction** Check the appropriate box for the income restriction that the household meets according to what is required by the set-aside(s) for the property.

Current Income Limit x 140%

For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% of the current income limit, then the available unit rule must be followed.

PART VI - RENT

- Tenant Paid Rent** Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).
- Rent Assistant Type** Enter the type/source of rent assistance
- Rent Assistance Amount** Enter the amount of rent assistance, if any.
- Utility Allowance** Enter the utility allowance. If the owner pays all utilities, enter zero.
- Other non-optional charges** Enter the amount of non-optional charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
- Gross Rent for Unit** Enter the total of Tenant Paid Rent plus Utility Allowance and other non-optional charges.
- Maximum Rent Limit for this Unit** Enter the maximum allowable gross rent for the unit.
- Unit Meets Rent Restriction at** Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the property.

PART VII - STUDENT STATUS

If all household members are full-time* students, check "yes." If at least one household member is not a full-time student, check "no."

If "yes" is checked, the appropriate exemption must be listed in the box to the right. If none of the exemptions apply, the household is ineligible to rent the unit. Option zero is available for projects in years 16-30, as student status no longer applies.

**Full time is determined by the school the student attends.*

PART VIII - PROGRAM TYPE

Mark the program(s) 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. If the property does not participate in the HOME, Tax-exempt Bond, Affordable housing Disposition, or other housing program, leave those sections blank.

- Tax Credit** See Part V above.
- HOME** If the property participated in the HOME Program and the unit this household will occupy will count towards the HOME Program set-asides, mark the appropriate box indicating the household's designation.
- Tax Exempt** If the property participates in the Tax-Exempt Bond Program, mark the appropriate box indicating the household's designation.
- PennHOMES** If the property participates in the PHFA PennHOMES Program, and this household's unit will count towards the set-aside requirements, mark the appropriate box indicating the household's designation.
- PennHOMES/HOME** If the property participates in the PHFA PennHOMES Program/ HOME Program, and the household's unit will count towards the set aside requirements, mark the appropriate box indicating the household's designation.

SIGNATURE OF OWNER/REPRESENTATIVE

It is the responsibility of the owner or the owner's representative to sign and date this document immediately following execution by the resident(s).

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in tax credit compliance.

These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.