

# HOME TENANT INCOME CERTIFICATION

Initial Certification     Recertification     Other \_\_\_\_\_

Effective Date: \_\_\_\_\_  
 Move-In Date: \_\_\_\_\_  
 (MM-DD-YYYY)

## PART I - DEVELOPMENT DATA

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

## PART II. HOUSEHOLD COMPOSITION

Vacant (Check if unit was vacant on December 31 of the Effective Date Year)

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)	Last 4 digits of Social Security #
1				HEAD			
2							
3							
4							
5							
6							
7							

## PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____	\$ _____
Add totals from (A) through (D), above			<b>TOTAL INCOME (E):</b>	\$ _____

## PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
<b>TOTALS:</b>			\$ _____	\$ _____
Enter Column (H) Total		Passbook Rate	=	(J) Imputed Income
If over \$5000 \$ _____ X		0.06%		\$ _____
Enter the greater of the total of column I, or J: imputed income			<b>TOTAL INCOME FROM ASSETS (K)</b>	\$ _____

(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 student at an institute of higher education.

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**

**RE CERTIFICATION ONLY:**

TOTAL ANNUAL HOUSEHOLD  
INCOME FROM ALL SOURCES:  
From item (L) on page 1

\$

Unit Meets Federal  
Income Restriction at:  
 60%  50%

Current Federal HOME  
Income Limit x 80%:  
\$ \_\_\_\_\_

Current HOME Income Limit per Family  
Size: \$ \_\_\_\_\_

Unit Meets Deeper Targeting  
Income Restriction at:  
 Other \_\_\_\_\_%

Household Income exceeds  
80% at recertification:  
 Yes  No

Household Income as of Move-in: \$ \_\_\_\_\_

Household Size at Move-in: \_\_\_\_\_

**PART VI. RENT**

Tenant Paid Monthly Rent: \$ \_\_\_\_\_

Federal Rent Assistance: \$ \_\_\_\_\_ \*Source: \_\_\_\_\_

Monthly Utility Allowance: \$ \_\_\_\_\_

Non-Federal Rent Assistance: \$ \_\_\_\_\_ (\*0-8)

Other Monthly Non-optional charges: \$ \_\_\_\_\_

**Total Monthly Rent Assistance:** \$ \_\_\_\_\_

**GROSS MONTHLY RENT FOR UNIT:**  
(Tenant paid Rent + Utility Allowance +  
Assistance + other non-optional charges)

\$

- \*Source of Federal Assistance
- 1 \*\*HUD Multi-Family Project Based Rental Assistance (PBRA)
  - 2 Section 8 Moderate Rehabilitation
  - 3 Public Housing Operating Subsidy
  - 4 HOME Rental Assistance
  - 5 HUD Housing Choice Voucher (HCV), tenant-based
  - 6 HUD Project-Based Voucher (PBV)
  - 7 USDA Section 521 Rental Assistance Program
  - 8 Other Federal Rental Assistance
  - 0 Missing

Maximum WCDA Rent Limit for  
this unit: \$ \_\_\_\_\_

\*\* (PBRA) Includes: Section 8 New Construction/Substantial Rehabilitation;  
Section 8 Loan Management; Section 8 Property Disposition; Section 202  
Project Rental Assistance Contracts (PRAC)

**SIGNATURE OF OWNER/REPRESENTATIVE**

Based on the representations herein and upon the proof 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 the HOME Program, and the HOME Agreement, to live in a unit in this Project.

\_\_\_\_\_  
SIGNATURE OF OWNER/REPRESENTATIVE

\_\_\_\_\_  
DATE