

PART VI. DETERMINATION OF INCOME ELIGIBILITY

RECERTIFICATION ONLY:

TOTAL ANNUAL HOUSEHOLD INCOME
FROM ALL SOURCES: \$ _____
From Part V. on Page 1

Designated Income Restriction:

Designated Income Limit x 140% (170% for
Deep Rent Skewing): \$ _____

(Designated Income Limit: 20-50 properties use
50%; 40-60 properties use 60%; Average
Income Test properties use 60% for all units
with income designations that are 60% or
lower and actual unit designation for units at
70% and 80%)

Current Income Limit per Family Size: \$ _____

80% 70%

60% 50%

40% 30%

Household Income at Move-in: \$ _____

20% _____%

Household is over income at recertification:

Household Size at Move-in: _____

Yes No

PART VII. RENT

Tenant Rent: \$ _____

Unit Meets Rent Restriction at:

80% 70%

Utility Allowance: \$ _____

60% 50%

Rental Assistance: \$ _____

40% 30%

Other non-optional / mandatory fees: \$ _____

20% _____%

Gross Rent for Unit (See Instructions): \$ _____

Is the source of Rental Assistance Federal? Yes No

If No, what is the source of the assistance? _____

HUD Multi-Family Project-Based Rental Assistance (PBRA)
 HUD Section 8 Moderate Rehabilitation
 Public Housing Operating Subsidy
 HOME Tenant Based Rental Assistance (TBRA)

HUD Housing Choice Voucher (HCV-tenant based)
 HUD Project-Based Voucher (PBV)
 USDA Section 521 Rental Assistance Program
 Other Federal Rental Assistance _____

PART VIII. STUDENT STATUS

Are all occupants Full-Time Students?

If Yes, enter Student Explanation* and
attach documentation

Student Explanation:
1. TANF assistance
2. Previously in state foster care system
3. Job Training Program
4. Single parent/dependent child
5. Married/joint return

Yes No

Enter 1-5: _____

PART IX. 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.

a. Housing Credit <input type="checkbox"/>	b. HOME <input type="checkbox"/>	c. Tax-exempt Housing Bond <input type="checkbox"/>	d. National HTF <input type="checkbox"/>	e. _____ <input type="checkbox"/>
See Part VI above.	Income Status:	Income Status:	Income Status:	Income Status:
	<input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> 30%/Poverty Line <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> _____% <input type="checkbox"/> _____% <input type="checkbox"/> OI**

** 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 Project.

Owner/representative Signature

Date