



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.
- BIN# Enter the Building Identification Number (BIN) assigned to the Building (from IRS Form 8609).
- PISD Enter the Placed in Service Date of the BIN (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.
- Sq. Ftge Enter the unit's square footage.

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 |
| A - Adult co-tenant | O - Other family member |
| C - Child | F - Foster children/adult(s) |
| L - Live-in caretaker | N - None of the above |

Foster adults/children are not considered family members and must not be included in calculations of income for eligibility and rent determination purposes. However, foster adults/children are considered household members and must be included when determining unit size or subsidy standards based on established policies.

Enter the date of birth, student status, last four (4) digits of the social security number or alien registration number for each occupant. Enter the household member's race and ethnicity by using one of the following coded definitions:

- | RACE | Ethnicity |
|--|----------------------------|
| 1 - White | 1 - Hispanic/Latino |
| 2 - Black/African American | 2 - Not Hispanic/Latino |
| 3 - American Indian/Alaska Native | 3 - Tenant did not respond |
| 4 - Asian | |
| 5 - Native Hawaiian/Other Pacific Islander | |
| 6 - Other | |
| 8 - Tenant did not respond | |

Enter "yes" if household member is disabled according to the Fair Housing definition for disabled, otherwise enter "no".

The housing credit agency administering its low-income housing credit program must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the housing credit agency shall use its best efforts to provide the information, such as noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.

If there are more than 7 occupants, 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 & HOTMA Implementation Notice PIH 2023-17 for complete instructions on verifying and calculating income, including acceptable forms of verification.

From the third party verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member and each income source, do not lump income sources. 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 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, student financial assistance 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 & HOTMA Implementation Notice PIH 2023-17 for complete instructions on verifying and calculating income from Assets, including acceptable forms of verification.

From the third party verification forms obtained as needed, for each asset source, list the amount verified/disclosed and the actual or imputed income. List the respective household member number from Part II and complete a separate line for each income-earning member and each asset owned by the household; do not lump the assets together.

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 D (for disposed) 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.
Column (I)	Enter (A) if annual income is the actual income from the asset. Enter (I) if the annual income is the imputed Income from the asset. If the imputing income threshold, of \$50,000 has not been met, enter N/A.
Column (J)	Enter all actual and imputed annual income from the assets.
TOTALS	Add the total of Column (H) and Column (J), respectively.
Row (K)	Enter the cash value of assets if over \$50,000. Enter zero if under \$50,000.
Row (L)	Enter the total of all actual/imputed income from assets.
Row (M)	Enter the Passbook rate as of the effective date of the certification.
Row (N)	Total annual household income from all sources. Add (E) and (L) and enter the total.

Calculating Asset Value and Income

Examine household self-certification of asset values and income collected during the application process.

STEP 1 Identify and exclude any necessary personal property listed by the household. Necessary personal property should not be listed on the TIC.

STEP 2 Based on self-certification, determine if the value of all non-necessary personal property exceeds \$50,000.

Note: If a tax refund was deposited in an account in the last 12 months, subtract this amount from the value of the account it was deposited into before determining the above.

If yes Since non-necessary personal property alone totals over \$50,000, all net assets also exceed \$50,000. Verify all asset values and income with 3rd party documentation. List each asset's value and actual income on the TIC.

If no List each non-necessary personal property asset as \$0 on the TIC but include actual income.

STEP 3 Add the value of any real property to the non-necessary personal property (as determined in Step 2) and determine if total net household assets exceed \$50,000.

If yes Verify all asset values and income with 3rd party documentation (if not already done per the Step 2). Impute income on assets that have income that cannot otherwise be determined and add it to other income.

If no Use self-certification to verify asset values. Do not impute asset income on any assets.

Example

Imputed Asset Income | When Net Assets Exceed \$50,000

A household reports the following assets. The passbook savings rate that year was 0.40%. The household did not have a tax return in the last 12 months.

Complete the asset section of the TIC.

Asset	Value	Type of asset
Wedding ring:	\$ 2,300, no income, worn daily	Necessary personal property (do not list on TIC)
Checking account	\$ 2,400, with 0% interest	Non-necessary personal property
Savings account:	\$30,090, with 1.5% interest	Non-necessary personal property
Real Estate:	\$62,000, with no income	Real property

PART IV. INCOME FROM ASSETS					
HH Mbr #	(F) Type of Asset	(G) C/D	(H) Cash Value of Asset	(I) A/I	(J) Annual Income from Asset
1	Checking	C	\$0.00	A	\$0.00
1	Savings	C	\$0.00	A	\$451.35
1	Real Estate	C	\$62,000	I	\$248
TOTALS:			\$ 62,000		\$ 699.35

$\$62,000 \times .4\% = \248

For further information regarding Necessary and Non-Necessary Personal Property as well as a calculation example please see page 47-49 of the HOTMA Implementation Notice PIH 2023-17.

PART V - Determination of Income Eligibility

Total Annual Household Income	Enter the number from item (N) from all Sources.
Current Income Limit per Family	Enter the Current Allowable Move-In Income Limit for the household size (See chart published annually).
Household Income at Move-In	Enter the household income amount at move-in on all initial certifications and re-certifications.
Household Size at Move-In	Enter the number of household members at move-in on all initial certifications and re-certifications.
Household Meets Income Restriction	Check the appropriate box for the income restriction that the household meets according to the unit designation required by the set-aside(s) for the project. Note: unless the property has the income average as designation, use top section only. Do not mark boxes below.
Current Income Limit x 140%	For re-certifications 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 re-certification 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 Assistance	Enter both the Federal and Non-Federal amount of rent assistance, if any. Be sure to enter separate amounts for each source.
Source	Enter the source of the Federal rent assistance.
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Other non-optional charges	Enter the amount of <u>non-optional</u> 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 project.

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 exceptions apply, the household is ineligible to rent the unit.

*The educational institution attended by the student determines "full time" or "part time" status.

PART VIII - Program Type

Mark the program(s) for which the 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/re-certification. If the property does not participate in the HOME, Tax-Exempt Bond, Affordable Housing Disposition, or other housing program(s), leave those sections blank.

Tax Credit State/ Federal	a.) See Part V above.
HOME	b.) If the property participated in the HOME program and the unit is a designated HOME unit, mark the appropriate box indicating the households designation.
Tax-Exempt Bond	c.) If the property participates in the Tax-Exempt Bond program and this unit is a tax-exempt bond unit, mark the appropriate box indicating the household's designation.
AHDP	d.) If the property participates in the Affordable Housing Disposition Program (AHDP) and this household's unit will count towards the set-aside requirements, mark the appropriate box indicating the household's designation.
Other	e.) If the property participates in any other affordable housing program (i.e. <u>State</u> Housing Trust Fund (SHTF), <u>National</u> Housing Trust Fund (NHTF)), NSP, complete the information as appropriate.

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-in, it is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification.

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).

TENANT INCOME CERTIFICATION

Initial Certification
 Recertification
 Other _____
 Unit Transfer - from unit # _____

Effective Date: _____
 Move-In Date: _____
(MM/DD/YYYY)

PART I - DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____ PISD: _____
 Address: _____ Unit #: _____ # Bdrms: _____ Sq. Ftge.: _____

PART II - HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth	F/T Student	Last 4 Digits of Social Security No. or Alien Reg. No	Race	Ethnicity	Disabled?
1									
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
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$

Add totals from (A) through (D) above **TOTAL INCOME (E):** \$ _____

PART IV - INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/D	(H) Cash Value of Assets	(I) A/I	(J) Annual Income from Assets
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
	(K) TOTALS:		\$	(L)	\$

(M) Current Passbook savings rate _____%
 (L) Total Actual/Imputed Income _____

(N) Total Annual Household Income from all Sources [Add (E)+(L)]: \$ _____

Have you disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value? Yes No

****Assets may be self-certified if net cash value ≤ \$50,000 (see TIC Instruction page for calculation purposes)****

Assets include but are not limited to any non-necessary personal items such as cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.) and personal property held as an investment (i.e. gem or coin collections, paintings, antiques, etc). Do not include necessary personal property such as furniture, automobiles and clothing.

PART V - DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES \$ [] Household Meets Income Restriction at: [] 60% [] 50% [] 40% [] 30% [] 20% [] % Unit #: []
Current Income Limit per Family Size \$ [] Average Income Test use below: [] 80% [] 70% [] 60% [] 50% [] 40% [] 30% [] 20% [] %
Household Income at Move-In \$ [] Household Size at Move-In: \$ []
RECERTIFICATION ONLY: Current Income Limit x 140% \$ [] Household Income exceeds 140% at recertification? [] Yes [] No

PART VI - RENT

Tenant Paid Rent \$ [] Utility Allowance \$ [] Other Non-Optional Charges \$ [] GROSS RENT FOR UNIT: \$ [] (Tenant paid rent Utility Allowance & Other Non-Optional Charges) Maximum Rent Limit for this Unit: \$ [] Unit meets rent restriction at: [] 80% [] 70% [] 60% [] 50% [] 40% [] 30% [] 20% [] % Federal Rent Assistance \$ [] Non-Federal Rent Assistance \$ [] TOTAL RENT ASSISTANCE \$ []
* 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
** (PBRA) Includes: Section 8 New Construction/Substantial Rehabilitation; Section 8 Loan Management; Section 8 Property Disposition; Section 202 Project Rental Assistance Contracts (PRAC)
* Source: []

PART VII - STUDENT STATUS

Are All Occupants Full Time Students? [] Yes [] No If yes, enter Student Explanation* (also attach documentation) *Enter 1-5 []
*Student Explanation: 1 TANF assistance 2 Job Training Program 3 Single parent/ dependent child 4 Married/joint return 5 Formerly received foster care assistance

PART VIII - PROGRAM TYPE

Mark the program(s) listed below (a through e) for which the 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 State and/or Federal See Part V above
[] b. HOME Income Status [] ≤ 50% AMGI [] ≤ 60% AMGI [] ≤ 80% AMGI [] OI**
[] c. Tax Exempts Income Status [] ≤ 50% AMGI [] ≤ 60% AMGI [] ≤ 80% AMGI [] OI**
[] d. AHDP Income Status [] ≤ 50% AMGI [] ≤ 80% AMGI [] OI**
[] e. [] (Name of program)SHTF, NHTF, NSP Income Status [] ≤ [] ≤ [] OI**
** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

HOUSEHOLD CERTIFICATION & SIGNATURE OF OWNER/REPRESENTATIVE

The information on this form will be used to determine maximum income eligibility. I/We have provided for each person set forth in Part II acceptable verifications 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 the act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature _____ Signature _____ Date _____
Signature _____ Signature _____ Date _____

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/REPRESENTATIVE TITLE DATE



TENANT INCOME CERTIFICATION Continued

BIN #: _____

Unit #: _____

PART II - HOUSEHOLD COMPOSITION Continued

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth	F/T Student	Last 4 Digits of Social Security No. or Alien Reg. No	Race	Ethnicity	Disabled?
8									
9									
10									

PART III - GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS) Continued

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

PART IV - INCOME FROM ASSETS Continued

HH Mbr #	(F) Type of Asset	(G) C/D	(H) Cash Value of Assets	(I) A/I	(J) Annual Income from Assets
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$