



THIS FORM IS ONLY ALLOWABLE FOR USE ON 100% AFFORDABLE PROJECTS. If a project has market rate units, full recertifications must be completed annually as required by IRC Section 42. If a household in a 20% - 50% unit self-certifies their income to be over 140% of the maximum income limit, the property must swap the unit with an available higher set-aside unit (project wide) as required by the next available unit rule. Finally, if the property has State Housing Funds (HOME, HTF, NSP) full recertifications must be completed annually for these units.

ADOH requires a full annual recertification the first year following the initial certification; all subsequent certifications on 100% affordable projects (Except HOME/HTF/NSP) may use the Self-Certification Questionnaire.

INSTRUCTIONS FOR COMPLETING THE SELF-CERTIFICATION QUESTIONNAIRE

Portions of this form to be completed by the owner/authorized representative and other portions to be completed by the household.

Owner/authorized representative must enter the Head of Household name and the Effective and Move in Dates at the top of the form.

Development Data (To be completed by owner/authorized representative)

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 moved in to the unit.
- Effective Date Enter the effective date of the certification. 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 I - Household Composition (To be completed by the household)

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 |

Enter the date of birth, last four (4) digits of the social security number or alien registration number and student status, 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 - Choose not to disclose |
| 4 - Asian | |
| 5 - Native Hawaiian/Other Pacific Islander | |
| 6 - Other | |
| 8 - Choose not to disclose | |

Enter "yes" if household member is disabled according to the Fair Housing definition for disabled, otherwise enter "no". 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 II - Tenant Income (To be completed by the household)

All income listed must be annualized; do not list montly amounts.

List the gross amount of income anticipated to be received, by all sources, during the twelve months from the effective date of the self-certification. Complete a separate line for each income-earning member and each income source, do not lump income sources. For example if HH Mbr # 1 receives Social Security and Public Assistance, list the annualized Social Security in the first row and the annualized Public Assistance in the second row.

- In the "HH Mbr #" column, list the respective household member number from Part I.
- In the "Source" column, list the income source i.e. Employment Wages, Social Security, Public Assistance, Child Support, etc.
- In the "Gross Annual Income" column, list the total gross income anticipated for the next 12 months; do not list monthly amounts.

PART III - Asset Information *(To be completed by the household)*

All income from assets must be annualized; do not list monthly amounts.

List any assets owned and the gross amount anticipated to be received during the twelve months from the effective date of the self-certification. Complete a separate line for each income-earning member and each asset type; do not lump asset types. For example if HH Mbr # 1 has a Checking Account and a Savings Account, list the Checking Account in the first row and the Savings Account in the second row.

In the "HH Mbr #" column, list the respective household member number from Part I.

In the "Type of Asset" column, list the asset type i.e. Checking Account, Savings Account, 401K, IRA, Stocks, Bonds, etc.

In the "Cash Value of Assets" column, list the cash value of the asset i.e. 6 month average balance for Checking Accounts, Current balance for Savings Accounts, etc.

In the "Annual Income from Assets" column, list the total gross annual income anticipated (interest, dividends, etc.); do not list monthly amounts.

PART IV - Student Status *(To be completed by the household)*

Please see the definition of "Students" in this section.

Choose ONE option that best describes your household regarding student status. If your household is comprised of all full-time students, as defined in the fourth option, you must answer all five questions below this option to determine student eligibility.

PART V - Rent *(To be completed by owner/authorized representative)*

Current Income Limit	Current Maximum Income Limit for family size. 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.
Tenant Paid Rent	Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).
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, rent tax, 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.
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.

HOUSEHOLD CERTIFICATION AND SIGNATURES

After the form has been completed by the household and the owner/authorized representative has reviewed it for completion and student eligibility, the owner must complete Part V regarding rent. Upon owner/authorized representative review, each household member age 18 and older and owner/owner representative must sign and date the form, together. The form may be signed no earlier than 45 days prior to the effective date of the certification.

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