

# TENANT INCOME CERTIFICATION

☐ Move-in ☐ Initial Certification ☐ Recertification ☐ Other\* \_\_\_\_\_

Effective Date: \_\_\_\_\_  
Initial LIHTC Qualification Date: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_

## PART I. DEVELOPMENT DATA

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

## PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (circle one)	Last 4 Digits of Social Security No.
1					FT / PT / NA	
2					FT / PT / NA	
3					FT / PT / NA	
4					FT / PT / NA	
5					FT / PT / NA	
6					FT / PT / NA	
7					FT / PT / NA	

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

HH Mbr#	(A) Employment	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$	\$	\$	\$
Total Income (E):				\$

## PART IV. ASSETS

### PART IVA. INCOME FROM ASSETS - LESS THAN OR EQUAL TO IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP), Real Property, and Federal Tax Refunds/Credits has been verified as **LESS** than or **EQUAL** to the Imputed Income Limitation

Enter Total of **ACTUAL INCOME** earned from all Assets (F) \$

### PART IVB. INCOME FROM ASSETS – GREATER THAN IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as **GREATER** than the Imputed Income Limitation.

HH Mbr#	(G) Type of Asset	(H) C/D	(I) NNPP / Real/ Tax Relief	(J) Cash Value of Asset	(K) A/I	(L) Annual Income from Asset
Enter Total Income from all Assets (M)						\$

## PART V. TOTAL HOUSEHOLD INCOME

Total Annual Household Income from All Sources [Add (E) + (F) **OR** (E) + (M)] \$

## HOUSEHOLD CERTIFICATION & SIGNATURE(S)

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 VI. DETERMINATION OF INCOME ELIGIBILITY**

<b>TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES:</b> \$ _____ From Part V. on Page 1		<b>Designated Income Restriction:</b>	<b>RECERTIFICATION ONLY:</b> Designated Income Limit x 140% (170% for Deep Rent Skewing): \$ _____ <i>(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%)</i>
<b>Current Income Limit per Family Size:</b> \$ _____	<input type="checkbox"/> 80% <input type="checkbox"/> 70%	<input type="checkbox"/> 60% <input type="checkbox"/> 50%	Household is over income at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Household Income at Move-in:</b> \$ _____	<input type="checkbox"/> 40% <input type="checkbox"/> 30%	<input type="checkbox"/> 20% <input type="checkbox"/> _____%	
<b>Household Size at Move-in:</b> _____			

**PART VII. RENT**

<b>Tenant Rent:</b> \$ _____	<b>Unit Meets Rent Restriction at:</b>
<b>Utility Allowance:</b> \$ _____	<input type="checkbox"/> 80% <input type="checkbox"/> 70%
<b>Rental Assistance:</b> \$ _____	<input type="checkbox"/> 60% <input type="checkbox"/> 50%
<b>Other non-optional / mandatory fees:</b> \$ _____	<input type="checkbox"/> 40% <input type="checkbox"/> 30%
<b>Gross Rent for Unit (See Instructions):</b> \$ _____	<input type="checkbox"/> 20% <input type="checkbox"/> _____%
Is the source of Rental Assistance Federal? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, what is the source of the assistance?</i> _____	
<input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA)	<input type="checkbox"/> HUD Housing Choice Voucher (HCV-tenant based)
<input type="checkbox"/> HUD Section 8 Moderate Rehabilitation	<input type="checkbox"/> HUD Project-Based Voucher (PBV)
<input type="checkbox"/> Public Housing Operating Subsidy	<input type="checkbox"/> USDA Section 521 Rental Assistance Program
<input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA)	<input type="checkbox"/> Other Federal Rental Assistance _____

**PART VIII. STUDENT STATUS**

<b>Are all occupants Full-Time Students?</b>	<b>If Yes, enter Student Explanation* and attach documentation</b>	<b>Student Explanation:</b> 1. TANF assistance 2. Previously in state foster care system 3. Job Training Program 4. Single parent/dependent child 5. Married/joint return
<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<b>Income Status:</b>	<b>Income Status:</b>	<b>Income Status:</b>	<b>Income Status:</b>
	<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

## 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., resyndication, a unit transfer, a change in household composition, or other state-required recertification).

Type of Certification	Effective Date	Initial LIHTC Qualification Date	Move-in Date
New Move In	Same as LIHTC Qualification Date	Same as Move-in Date	Date tenant first moved into the project.
Acquisition/Rehab	Same as LIHTC Qualification Date	<ul style="list-style-type: none"><li>• Date of acquisition if executed before/after 120 days of the date of the acquisition</li><li>• Date of tenant signature acquisition if executed after 120 days of the date of the acquisition</li><li>• New Move-in (see above)</li></ul>	Date tenant first moved into the property.
Resyndication	<ul style="list-style-type: none"><li>• When grandfathering in tenants in place at time of new LIHTC allocation- Initial LIHTC Qualification Date</li><li>• When completing a new LIHTC certification of in place tenants under the new LIHTC allocation- Date of Tenant Signature</li><li>• New Move-in (see above)</li></ul>	Date first determined to be income eligible for the LIHTC program under the existing extended use agreement (should be same as Move-in Date; see above)	Date tenant first moved into the project (under the original LIHTC allocation).
Recertification	Annual anniversary of the Initial LIHTC Qualification Date	Based on Type of Certification (see above)	Date tenant first moved into the project.
Transfer	Date of Transfer	<ul style="list-style-type: none"><li>• Transfer within the same building or within the same multiple building project: See Move-in Date</li><li>• Transfer to a different building that is a separate project due to line 8b election: Date of transfer</li></ul>	Date tenant first moved into the project.

**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).

## INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

- 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 |
| A | Adult co-tenant            | C | Child  |
| L | Live-in caretaker          | O | Other  |
| F | Foster child(ren)/adult(s) |   |        |

Enter the date of birth (in MM/DD/YYYY format), student status, and Social Security number or alien registration number for each occupant. If Social Security/Noncitizen Registration numbers are not available, enter "0000". Student Status is determined by the academic institution.

*If there are more than seven (7) occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.*

### PART III. ANNUAL INCOME

From the 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.
- Column (E)** Add the totals from columns (A) through (D), above. Enter this amount.

*If there are more than four (4) income lines, use an additional sheet of paper to list the remaining income lines and attach it to the certification.*

### PART IV. INCOME FROM ASSETS

Complete **PART IVA** or **PART IVB** based on the verified value of the Non-necessary Personal Property (NNPP) Real Property, and Federal Tax Refunds/Credits.

## INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

### PART IVA. INCOME FROM ASSETS- LESS THAN OR EQUAL TO IMPUTED INCOME LIMITATION

When the total verified net cash value of the NNPP, Real Property, and Tax Refunds/Credits is less than or equal to the [Imputed Income Limitation as adjusted](#), only the actual income from each asset (as verified) is considered income.

Enter the total of the verified actual income from all assets in (F).

### PART IVB. INCOME FROM ASSETS- GREATER THAN IMPUTED INCOME LIMITATION

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 (G)	List the type of asset (i.e., checking account, savings account, etc.)
Column (H)	<ul style="list-style-type: none"><li>- Enter <b>C</b> for current, if the family currently owns or holds the asset; or,</li><li>- Enter <b>D</b> 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.</li></ul>
Column (I)	<ul style="list-style-type: none"><li>- Enter <b>NNPP</b> when the asset is categorized as Non-necessary Personal Property; or,</li><li>- Enter <b>Real</b> when the asset is categorized as Real Property,</li><li>- Enter <b>Tax Ref</b> when there has been a Federal Tax Refund or Federal Tax Credit received within a year of the TIC effective date. <i>This is treated as a negative value when calculating the net cash value of the assets.</i></li></ul>
Column (J)	Enter the cash value of the respective asset.
Column (K)	<ul style="list-style-type: none"><li>- Enter <b>A</b> if asset income for that asset is actual income; or,</li><li>- Enter <b>I</b> if asset income for that asset is imputed.</li></ul>
Column (L)	Enter the annual income from the asset (i.e., savings account balance multiplied by the annual interest rate). If actual income can be determined, use actual income. If actual income cannot be determined, calculate the imputed income for that asset instead using the current HUD-published passbook savings rate.
Field (M)	Add the totals from column (L)

### PART V. TOTAL HOUSEHOLD INCOME

Total household income is the amount of income from all sources and includes the values from **PART III. ANNUAL INCOME** plus any income derived from assets under **PART IV. ASSETS**.

If **PART IVA. INCOME FROM ASSETS - LESS THAN OR EQUAL TO IMPUTED INCOME LIMITATION** was completed because the total net value from both Non-necessary Personal Property (NNPP) and Real Property has been verified as less than or equal to the [Imputed Income Limitation as adjusted](#), then:

$$\text{TOTAL HOUSEHOLD INCOME} = (E) + (F)$$

If **PART IVB. INCOME FROM ASSETS – GREATER THAN IMPUTED INCOME LIMITATION** was completed because the total net value from both Non-necessary Personal Property (NNPP) and Real Property has been verified as greater than [the Imputed Income Limitation as adjusted](#), then:

$$\text{TOTAL HOUSEHOLD INCOME} = (E) + (M)$$

## INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

### HOUSEHOLD CERTIFICATION & SIGNATURE(S)

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 five (5) days prior to the effective date of the certification.

**Total Annual Household**

**Income from All  
Sources**

Enter the number from **PART V. TOTAL HOUSEHOLD INCOME**

**Current Income Limit  
per Family Size**

Enter the Current Move-in Income Limit for the household size at the designated income limit for that unit.

**Household Income at  
Move-In**

For recertifications only. Enter the household income from the move-in certification.

**Household Size at  
Move-In**

For recertifications only. 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 minimum set-aside(s) for the project, including the specific unit designation for Average Income Test Projects.

**Current Income Limit x  
140%**

For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% (170% for Deep Rent Skewed) and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% (170% for Deep Rent Skewed) of the current income limit, then the available unit rule must be followed. For units designated at 50 percent or below in Average Income Test developments, use 60% limit for Current Income Limit.

### PART VII. RENT

**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.

**Rental Assistance**

Enter the amount of rent assistance, if any.

**Other Non-Optional /  
Mandatory Fees**

Enter the amount of non-optional / mandatory fees, 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/mandatory fees.

**Source of Rental  
Assistance**

Check whether the rental assistance is provided under a federal rental assistance program. If so, check the type of federal rental assistance in one of the boxes below. If the rental assistance is not provided under a federal rental assistance program, indicate the source of the assistance.

**Unit Meets Rent  
Restriction at**

Check the appropriate rent restriction that the unit meets according to what is required by the minimum set-aside(s) for the project, including the specific unit designation for Average Income Test developments.

## INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

### PART VIII. 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.

### PART IX. 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 Investment Partnerships (HOME) program, Tax-Exempt Housing Bond, Housing Trust Fund (HTF), or other housing program, leave those sections blank.

**Housing Credit**

See Part VI above.

**HOME**

If the property receives financing from the HOME program and the unit this household will occupy will count toward the HOME program set-asides, mark the appropriate box indicating the household's income designation for purposes of HOME.

**Tax-exempt Housing Bond**

If the property receives financing from the tax-exempt Housing Bond program, mark the appropriate box indicating the household's income designation for purposes of the Housing Bond program.

**National HTF**

If the property receives financing from HTF and this household's unit will count towards the HTF set-aside requirements, mark the appropriate box indicating the household's income designation for purposes of HTF.

**Other**

If the property participates in any other affordable housing program, complete the information as appropriate.

### 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.