

# INCOME CERTIFICATION

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

Effective Date: \_\_\_\_\_  
 Move-in Date: \_\_\_\_\_  
 (MM/DD/YYYY)  
 \*Transfer from Unit: \_\_\_\_\_

## PART I – DEVELOPMENT DATA

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

## PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Student Status <i>(circle one)</i>	Last 4 digits of Social Security Number
1			HEAD		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/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) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$ _____	(M) Total Actual Income: \$ _____	
(N) TOTAL NET FAMILY ASSETS:				\$ _____	(O) Total Imputed Income: \$ _____	

(P) TOTAL INCOME FROM ASSETS [(M) + (O)]: \$ \_\_\_\_\_

(Q) Total Annual Household Income from all Sources [Add (E) + (P)] \$ \_\_\_\_\_

## 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 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 PROGRAM ELIGIBILITY**

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (P) on page 1 \$

Current Income Limit per Family Size:

**Mark the program(s) and applicable program designation that this household satisfies of the property's occupancy requirements:**

*If the owner has elected the Average Income minimum set aside under §42(g), this unit is designated by the taxpayer as (please see instructions):*

- |  |                              |                              |                                |                              |                                |                              |                                |                                |
|--|------------------------------|------------------------------|--------------------------------|------------------------------|--------------------------------|------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> HTC or Exchange | <input type="checkbox"/> 20% | <input type="checkbox"/> 30% | <input type="checkbox"/> 40%   | <input type="checkbox"/> 50% | <input type="checkbox"/> 60%   | <input type="checkbox"/> 70% | <input type="checkbox"/> 80%   | <input type="checkbox"/> OI*** |
| <input type="checkbox"/> TCAP            |                              | <input type="checkbox"/> 30% | <input type="checkbox"/> 40%   | <input type="checkbox"/> 50% | <input type="checkbox"/> 60%   |                              | <input type="checkbox"/> OI*** |                                |
| <input type="checkbox"/> HOME/TCAP RF    |                              | <input type="checkbox"/> 30% | <input type="checkbox"/> 40%   | <input type="checkbox"/> 50% | <input type="checkbox"/> 60%   |                              | <input type="checkbox"/> 80%   | <input type="checkbox"/> OI*** |
| <input type="checkbox"/> BOND            |                              | <input type="checkbox"/> 30% | <input type="checkbox"/> 50%   | <input type="checkbox"/> 60% | <input type="checkbox"/> 80%   |                              | <input type="checkbox"/> OI*** | <input type="checkbox"/> ET    |
| <input type="checkbox"/> THTF            |                              | <input type="checkbox"/> ELI | <input type="checkbox"/> VLI   | <input type="checkbox"/> LI  | <input type="checkbox"/> OI*** |                              |                                |                                |
| <input type="checkbox"/> NSP             |                              | <input type="checkbox"/> 30% | <input type="checkbox"/> 40%   | <input type="checkbox"/> 50% | <input type="checkbox"/> 60%   |                              | <input type="checkbox"/> 80%   | <input type="checkbox"/> 120%  |
| <input type="checkbox"/> NHTF            | <input type="checkbox"/> 15% | <input type="checkbox"/> 30% | <input type="checkbox"/> OI*** |                              |                                |                              |                                |                                |
| <input type="checkbox"/> Other           | _____                        |                              |                                |                              |                                |                              |                                |                                |

\*\*\* Upon Recertification household was determined to be over income (OI) according to eligibility requirements of the programs marked above.

**PART VII. RENT**

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

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

Rental Assistance: \$ \_\_\_\_\_

Other Non-Optional Charges and Mandatory Fees: \$ \_\_\_\_\_

Gross Rent For Unit (See Instructions): \$ \_\_\_\_\_ Applicable Rent Limit: \$ \_\_\_\_\_

Is the source of the Rental Assistance Federal?  Yes  No *If yes, identify the type of Federal Rental Assistance:*

- |   |   |
|---|---|
| <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 514, 515, 521 Rental Assistance Program |
| <input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA)                                       | <input type="checkbox"/> Section 811 Project Rental Assistance (PRA)          |
| <input type="checkbox"/> HUD Rental Assistance Demonstration (RAD)-Project Based Rental Assistance (PBRA) | <input type="checkbox"/> Other Federal Rental Assistance _____                |

**PART VIII. STUDENT STATUS VERIFICATION (HTC, TCAP, Exchange, and BOND only)**

Are All Occupants Full-Time Students?

Yes  No

If yes, enter Student Explanation\* and attach documentation

Enter 1-5

\*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

**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 program's rules, regulations and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

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

\_\_\_\_\_  
DATE

**PART IX. HOUSEHOLD DEMOGRAPHICS**

**Please complete for each household member. See below for Ethnicity, Race, and Other codes that characterize the household composition.**

HH Mbr #	Sex – enter M or F	Ethnicity	Race <i>Enter up to 5 categories</i>	Disabled
1				
2				
3				
4				
5				
6				
7				

*The Texas Department of Housing and Community Affairs (TDHCA) is required to comply with HUD’s reporting requirements; however, you are not required to provide this information. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please initial below.*

**RESIDENT/APPLICANT:** I do not wish to furnish information regarding ethnicity, race, sex, and disability status.  
(Initials) \_\_\_\_\_

<b>Ethnicity:</b>	Enter each household member’s ethnicity by using one of the following coded definitions:	<ol style="list-style-type: none"> <li>1. Hispanic or Latino</li> <li>2. Not Hispanic or Latino</li> <li>3. Tenant did not respond</li> </ol>
<b>Race:</b>	Enter each household member’s race by using, at least one, of the following coded definitions ( <i>up to 5 categories may be selected</i> ):	<ol style="list-style-type: none"> <li>1. White</li> <li>2. Black/African American</li> <li>3. American Indian/Alaska Native</li> <li>4. <b>Select from the following:</b> <ol style="list-style-type: none"> <li>4a Asian India</li> <li>4b Chinese</li> <li>4c Filipino</li> <li>4d Japanese</li> <li>4e Korean</li> <li>4f Vietnamese</li> <li>4g Other Asian</li> </ol> </li> <li>5. <b>Select from the following:</b> <ol style="list-style-type: none"> <li>5a Native Hawaiian</li> <li>5b Guamanian or Chamorro</li> <li>5c Samoan</li> <li>5d Other Pacific Islander</li> </ol> </li> <li>6. Other</li> <li>7. Tenant did not respond</li> </ol>
<b>Disabled:</b>	Check yes if any member of the household is disabled according to Fair Housing Act definition for handicap (disability): <ul style="list-style-type: none"> <li>• A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used in this definition, please see 24 CFR 100.201, available at <a href="http://www.fairhousing.com/index.cfm?method=page.display&amp;pageName=reqs_fhr_100-201">http://www.fairhousing.com/index.cfm?method=page.display&amp;pageName=reqs_fhr_100-201</a>.</li> <li>• “Handicap” does not include current, illegal use of or addiction to a controlled substance.</li> </ul>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Tenant did not respond</li> </ol>