



To: All Owners and Managers
From: Bob Conroy, Director of Asset Management

In this issue:

- I. Web Tenant Compliance**
- II. Changes to HUD's LIHTC Data Collection Forms for 2016**
- III. New Fixed Income Verification – Part II**
- IV. Certificate for Apartment Maintenance Technician (CAMT) Training**

I. Web Tenant Compliance

WCMS has a new name! Web Tenant Compliance "WTC" is the reporting mechanism for Tax Credit property data.

The file format used to upload to WTC (WCMS) is currently NAHMA 3.1, but we can also accept 2.0 and 3.0 at this time. Sometime this summer our Housing Development Software "HDS" is planning on requiring NAHMA version 4.0 after the update of HDS to version 16.0. At that point any 2.0 or 3.0 versions will no longer be accepted by MaineHousing. After the upgrade in August, HDS will ONLY support the NAHMA Industry XML Standard file version 3.1 and 4.0. Below is the link to the XML Schema's.

<http://www.nmhc.org/content.aspx?id=8836>

If you are a manager/owner of a LIHTC property, please make sure that you have upgraded to version 3.1 or 4.0. Please verify this with your software provider.

II. Changes to HUD's LIHTC Data Collection Forms for 2016

The requirements for the LIHTC Data Collection forms have been changed and the changes were approved by the U.S. Office of Management and Budget (OMB) for use beginning with the 2016 collection of LIHTC tenant and property data (tenants in LIHTC units as of December 31, 2015 and properties placed in service in 2015).

In accordance with Executive Order 13515, the race categories for Asian and Pacific Islander are expanded, matching other federal data collections such as the decennial Census. The only change to the property data form is the addition of a section to report properties that are no longer monitored for compliance.

Our new Self Verification and the Tenant Income Certification forms can be found on our website and copies are attached to this notice.

III. New Fixed Income Verification – Part II

The On March 8, 2016, HUD released a new Federal Register Notice (Final Rule) entitled Streamlining Administrative Regulations for Public Housing, Housing Choice Voucher, Multifamily Housing, and Community Planning and Development Programs and this was discussed briefly in our AM Notice 2016-06 which may be found on our MaineHousing Website at MaineHousing.org. We are now providing more clarification as to how this will affect certain fixed income verification.

Fixed Income Verification

(This provision applies to the HCV/PBV, Section 8 (other than Moderate Rehabilitation), 202/811, and PH programs. It does not apply to the Rent Supplement, Section 236, Sections 221(d)(3) or (d)(5) programs.)

The Streamlining Final Rule provides for a new, streamlined income determination (verification) for any fixed source of income. 24 CFR 5.657 has been updated to explain the new requirements. *For any family member whose income is determined pursuant to a streamlined income determination, an owner must obtain third-party verification **of all fixed-income amounts** every 3 years.*

Social Security Income is the most common fixed income source. If you can, always use EIV to verify Social Security Income.

If the Social Security income is not reflected in EIV or if the resident disputes the information shown in EIV for Social Security income, you can use the new streamlined method.

In year one (Example: 2016) if information cannot be verified using EIV, obtain a current award letter. The award letter must be no more than 120 days old when the OA receives the award letter.

In year two (Example: 2017) if information cannot be verified using EIV, apply the COLA increase to the amount verified in the previous year. You must include, in the tenant file, the document you used to verify the COLA amount. This could be an award letter provided at the end of the previous year showing the COLA increase (in year 2, this letter works for the entire year) or you could go to www.ssa.gov and print out the COLA Award announcement.

In year three (Example: 2018) if information cannot be verified using EIV, apply the COLA increase to the amount used the previous year. You must include, in the tenant file, the document you used to verify the COLA amount. This could be an award letter provided at the end of the year (in year 3, this letter works for the entire year) or you could go to www.ssa.gov and print out the COLA Award announcement.

In year four (Example: 2019) if information cannot be verified using EIV, obtain a current award letter. The award letter must be no more than 120 days old when the OA receives the award letter.

The same streamlining rules apply to other federal or state awards subject to a Cost of Living Adjustment. This includes, but is not limited to VA Disability, TANF, federal pensions.

HUD also allows you to apply the same rule when a resident has a fixed income source that is subject to an annual percentage increase. For example, a resident may have an annuity arrangement that indicates that the monthly

amounts will increase by 5% per year.

The owner/agent will obtain verification in compliance with HUD Handbook 4350.3 R1, C4, Paragraph 5-13 and Appendix 3 in year one. In year two and three, the owner/agent will just verify the percentage increase and apply that percentage increase to the income amount entered on the HUD Form 50059 in the previous year.

In year four, the owner/agent will obtain verification in compliance with HH 4350.3 R1, C4, Paragraph 5-13 and Appendix 3.

Owner/agents are not required to use this new methodology, but it certainly reduces the effort to obtain new verification documents for fixed income sources.

IV. Certificate for Apartment Maintenance Technician (CAMT) Training

Avesta Housing is considering hosting a **Certificate for Apartment Maintenance Technician (CAMT)** training by the National Apartment Association Education Institute this year or early next year in Portland at their offices at 307 Cumberland Avenue. This is a comprehensive eight day course, broken up between two weeks, Tuesday-Friday each week. The tuition is between \$900-\$1000, depending on attendance numbers and includes all materials, certification certificate and exam.

They are reaching out to area agencies to see if there is interest to help meet the minimum of 15 participants. If you have maintenance staff who you would like to attend this advanced training, please contact either Cheryl Poulin at Avesta Housing, 553-7780 x 3288 cpoulin@avestahousing.org or Barbara Soloway at 207-245-3253 or bsoloway@avestahousing.org. The deadline to respond if you have interest is Tuesday, July 15.

Attachments:

- **Tenant Income Self – Certification**
- **Tenant Income Certification**
- **CAMT Training Brochure**

Please note that MaineHousing provides notices as a service to our partners. Notices are not intended to replace ongoing training and do not encompass all compliance and regulatory changes that may occur on the wide arrange of housing programs in which we work. MaineHousing recommends partners establish an ongoing training program for their staff.

Maine State Housing Authority (“MaineHousing”) does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, physical or mental disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Louise Patenaude, Maine State Housing Authority, 353 Water Street, Augusta, Maine 04330-4633, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice) or Maine Relay 711.



Maine Housing

Maine State Housing Authority

TENANT INCOME SELF - CERTIFICATION

Check all programs that apply:

RLP LIHTC New Lease SHARP/Rehab FedHome

PART I SECTION A – DEVELOPMENT DATA (To be completed by Manager)

1. Project Name: _____	2. Project #: _____ Building ID _____ (LIHTC)	Move-in Date: _____ (MM/DD/YYYY) Effective Date: _____ (MM/DD/YYYY)
3. Unit #: _____	4. # Bedrooms: _____ SF _____	5. City/Town _____ County: _____

PART I SECTION B – RENT (Must be completed by Manager)

Tenant Paid Rent \$ _____	Rental Assistance \$ _____	Other non-optional charges \$ _____
Utility Allowance: \$ _____	For: <input type="checkbox"/> Heat <input type="checkbox"/> H/W <input type="checkbox"/> Lights <input type="checkbox"/> Cooking <input type="checkbox"/> Other	
Source of UA _____	Household Meets the unit Income Restriction at:	
GROSS RENT FOR UNIT: Gross rent includes tenant paid rent plus Utility Allowance & other non-optional charges. If a HOME unit, this amount must also include any Rental Assistance the tenant receives.		<input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> _____%
SIGNATURES		

DATE _____ SIGNATURE OF OWNER/AGENT _____ DATE _____

PART II SECTION A – HOUSEHOLD COMPOSITION (completed by head of household)

Hshld Mbr #	Last Name	First Name & Middle Initial	Sex	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Last 4 Digits of SSN
1				HEAD			
2							
3							
4							
5							
6							
7							

PART II SECTION B - ANNUAL INCOME -USE ANNUAL AMOUNTS (completed by head of household)

Hshld Mbr. #	(A) Employment or Wages	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____

PART II SECTION C - INCOME FROM ASSETS (completed by head of household)

Hshld Mbr #	(E) Type of Asset	Cash Value of Asset	(F) Annual Income from Asset
TOTALS		\$ _____	\$ _____

TOTAL INCOME:
Add totals from (A) through (F) \$ _____

PART II SECTION D - STUDENT STATUS (LIHTC only) (completed by head of household)

ARE ALL OCCUPANTS FULL TIME STUDENTS? _____ yes _____ no For the purpose of this form, a full-time student is defined as one who is or will be carrying a full-time subject load at an institution with a degree or certificate program (including school age children) or one who will/was carrying a full-time subject load during any portion of five months within the current calendar year.	If yes, Enter student explanation* (also attach documentation) Enter 1-5 <input type="checkbox"/>	*Student Explanation: 1 TANF/assistance 2 Job Training 3 Single parent/dependent child 4 Married/joint return 5 The household consists of at least one student who was previously under foster care.
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STUDENT STATUS (HOME only) (completed by head of household)

ARE OCCUPANTS FULL OR PART TIME STUDENTS?

_____ yes _____ no

For the purpose of this form, a full/part-time student is defined as one who is enrolled at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential.

If yes, Enter student exception* (also attach documentation)

Enter 1-7

*Student Exception:

1. 24 or older
2. Veteran
3. Married
4. Have Dependents
5. Parents of the student are HUD income eligible and the student is income eligible.
6. Meets the US Department of Education's definition of an Independent Student (refer to page 15 of the HUD Handbook 4350.3 glossary).
7. Persons already receiving Section 8 Assistance as of November 30, 2005 and are disabled (both parts of 7 must be met).

PART II SECTION E - DIVESTURE OF ASSETS (completed by head of household)

Has any household members disposed of any assets within the last 2 years for less than fair market value in excess of \$1,000?

_____ yes* _____ no

*If Yes, documentation regarding the disposed asset(s) has been obtained and, if applicable, included in Section IV.

PART II SECTION F - SUPPLEMENTAL INFORMATION FORM (completed by head of household)

MaineHousing (MH) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although MH would appreciate receiving this information, you may choose not to furnish it. You will 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 check the box at the bottom of the page and initial. Enter both Ethnicity and Race codes for each household member (see below for codes).

TENANT DEMOGRAPHIC PROFILE

HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled
1						
2						
3						
4						
5						
6						
7						

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian
 - 4a - Asian India
 - 4b – Chinese
 - 4c – Filipino
 - 4d – Japanese
 - 4e - Korean
 - 4f - Vietnamese
 - 4g – Other Asian
- 5 – Native Hawaiian/Other Pacific Islander
 - 5a – Native Hawaiian
 - 5b – Guamanian or Chamorro
 - 5c - Samoan
 - 5d – Other Pacific Islander
- 6 – Other
- 7 – Did not respond. **(Please initial below)**

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 3 – Declined to complete. **(Please initial below)**

Disability Status:

- 1 – Yes

If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- 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, please see 24 CFR 100.201, available at <http://www.fairhousing.com/index.cfm?method=page.display&pageID=465>.
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

- 2 – No

- 3 – Declined to complete **(Please initial below)**

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) _____
 (HH#) 1. 2. 3. 4. 5. 6. 7.

SIGNATURES

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. 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. Upon request, the undersigned will provide third party documentation to support the amounts indicated.

SIGNATURE OF TENANT	DATE	SIGNATURE OF TENANT	DATE
SIGNATURE OF TENANT	DATE	SIGNATURE OF TENANT	DATE

INSTRUCTIONS FOR COMPLETING THE

TENANT INCOME SELF CERTIFICATION (ver. 6/16/2016)

This form was created with the intention that the owner/manager would meet with the resident to review it and explain that providing this information is a program requirement. The resident would then complete and sign the form in the presence of the owner/manager who would review the information and seek clarification and additional details if needed. Part I of the form is to be completed by the owner or its authorized representative. Part II is to be completed by the head of household and signed by the head of household and all household members 18 years of age or older. Please note that certain income sources may be excluded from annual income. HUD Handbook 4350.3 Chapter 5 should be consulted and the owner/manager should get clarification from the tenant if the type of income included in Part II B is unknown.

Part I Section A - Development Data – Completed by owner/agent

- Move-in Date Enter the date the household took occupancy of the unit.
- Effective Date Enter the effective date of the income recertification. This should be no later than one year from the effective date of the move in or previous (re)certification.
- 1. Project Name Enter the name of the development
- 2. Building ID Enter the Building Identification Number (BIN) assigned to the building (from IRS form 8609).
- 3. Unit # Enter the unit number.
- 4. # Bedrooms/SF Enter the number of bedrooms in the unit and the square footage of the unit.
- 5. Address Enter the city/town and county in which the building is located.

Part I Section B - Rent– Must be completed by owner/agent

- Tenant Paid Rent Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).
- Rent Assistance Enter the amount of rent assistance, if any.
- Utility Allowance Enter the utility allowance. If the owner pays all utilities, enter zero.
- Source of UA Enter name of PHA or method used to determine UA amount.
- Other non-optional charges Enter the amount of non-optional charges, such as 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. If this is also a HOME unit, include the Rental Assistance Amount.

Signatures

It is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the recertification. A representative of the Owner/Agent must sign as indicated.

Part II Section A - Household Composition- Completed by head of 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 child(ren) |
| L | - | Live-in caretaker | N | - | None of the above |

Indicate M for male and F for female. Enter the date of birth of each occupant and their student status as reported on their signed LIHTC Certification of Student Eligibility. Last four digits of Social Security Number: For each tenant enter the last four digits of the social security number or the last four digits of the alien registration number. If tenant does not have a SSN or alien registration number, enter “0000”.

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 Section B - Annual Income- Completed by head of household

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. List the respective household member number from Part II A.

- 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.
- Add the totals from columns (A) through (D), above. Enter this amount on the Totals line below.

Part II Section C - Income from Assets- Completed by head of household

List the gross amount anticipated to be received during the twelve 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 (E) List the type of asset (i.e., checking account, savings account, etc.)
- Column Enter the cash value of the respective asset.
- Column (F) Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
- TOTALS Add the total of Column (A – D From Part II B) and Column (F from Part II C), respectively.

Part II Section D - Student Status - Completed by head of household

Tax Credit

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.

HOME

If **any** household member is a full or part time student, check “yes”.

If “yes” is checked, the appropriate exemption must be listed in the box below. If none of the exemptions apply, the household is ineligible to rent the unit.

**Full time is determined by the school the student attends.*

Part II Section E – Divesture of Assets - Completed by head of household

Applicants and tenants must declare whether an asset has been disposed of for less than fair market value at each certification and recertification. Assets greater than \$1,000 disposed of for less than fair market value during the two years preceding certification or recertification must be counted as an asset. If the tenant has indicated that assets have been disposed documentation and verification regarding the circumstances and amounts must be obtained. If applicable the amounts must be included on Section IV.

PART II Section F - SUPPLEMENTAL INFORMATION- Completed by head of household

Complete this portion of the form at move-in and at recertification’s (only if household composition has changed from the previous year’s certification).

- Tenant Demographic Profile Complete for each member of the household including minors. Use codes listed on supplemental form for Race, Ethnicity, and Disability Status.
- Resident/Applicant Initials All tenants who wish not to furnish supplemental information should initial this section. Parent/Guardian may complete and initial for minor child(ren).

Signatures

Each household member age 18 or older must sign and date the Tenant Income Certification as Tenant. It is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the recertification. A representative of the Owner/Agent must also sign as indicated.

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.

PART I – DEVELOPMENT DATA		
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other _____	Move-in Date: _____ (MM/DD/YYYY)	Effective Date: _____ (MM/DD/YYYY)
Hshold Income @ Move-in: _____ Hshold Size @ Move-in: _____ Current Hshold Size: _____	1. Project Name: _____	2. Project #: _____ Building ID _____ - _____ - _____ (LIHTC)
3. Unit #: _____	4. # Bedrooms: _____ SF _____	5. City/Town _____ County: _____

PART II – HOUSEHOLD COMPOSITION							
Hshld Mbr #	Last Name	First Name & Middle Initial	Sex	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Last 4 Digits of SSN
1				HEAD			
2							
3							
4							
5							
6							
7							

PART III. ANNUAL INCOME (USE ANNUAL AMOUNTS)				
Hshld Mbr. #	(A) Employment or Wages	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____
(E) TOTAL INCOME: (add totals from (A) through (D), above)				\$ _____

PART IV. INCOME FROM ASSETS					
Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset	
TOTALS:			\$ _____	\$ _____	
Total Cash Value If (H) is over \$5000		\$ _____ X	Passbook Rate .0006	= (J) Imputed Income	\$ _____
(K) TOTAL INCOME FROM ASSETS (The greater of the total of column I, or J, imputed income)				\$ _____	

PART V. TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES	
TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: Add (E) and (K) <div style="border: 2px solid black; width: 150px; height: 30px; margin-left: 100px; text-align: center;">\$ _____</div> Current Income Limit per Family Size: \$ _____	Household Meets the unit Income Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> _____%
<p align="center">LIHTC & RLP Only</p> Current Income Limit X 140%: \$ _____ Household Income exceeds 140% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No	<p align="center">SHARP, NewLease & Rental Rehab, FedHome Only</p> Current Income exceeds 80% AMI at time of recertification Or, if a Low Home unit, income exceeds 50% AMI but is below 80% AMI: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Low HOME unit between 50% & 80%

PART VI. RENT

Tenant Paid Rent	\$ _____	Rental Assistance	\$ _____	Other non-optional charges	\$ _____			
Utility Allowance:	\$ _____	For:	<input type="checkbox"/> Heat	<input type="checkbox"/> H/W	<input type="checkbox"/> Lights	<input type="checkbox"/> Cooking	<input type="checkbox"/> Other	_____
Source of UA:		<input type="checkbox"/> HUD	<input type="checkbox"/> Local PHA	<input type="checkbox"/> Other	_____			

GROSS RENT FOR UNIT: \$

Gross rent includes tenant paid rent plus Utility Allowance & other non-optional charges. If a HOME unit, this amount must also include any Rental Assistance the tenant receives.

Unit Meets Rent Restriction at:

60% 50%

40% 30%

_____%

Maximum Rent Limit for this unit: \$ _____

PART VII. STUDENT STATUS (LIHTC only)

ARE ALL OCCUPANTS FULL TIME STUDENTS? _____ yes _____ no

If yes, Enter student exception* (also attach documentation) Enter 1-5

For the purpose of this form, a full-time student is defined as one who is or will be carrying a full-time subject load at an institution with a degree or certificate program (including school age children) or one who will/was carrying a full-time subject load during any portion of five months within the current calendar year.

*Student Exception:

- 1 TANF/assistance
- 2 Job Training
- 3 Single parent/dependent child
- 4 Married/joint return
- 5 The household consists of at least one student who was previously under foster care.

STUDENT STATUS (HOME only)

ARE OCCUPANTS FULL OR PART TIME STUDENTS? _____ yes _____ no

If yes, Enter student exception* (also attach documentation) Enter 1-7

For the purpose of this form, a full/part-time student is defined as one who is enrolled at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential.

*Student Exception:

1. 24 or older
2. Veteran
3. Married
4. Have Dependents
5. Parents of the student are HUD income eligible and the student is income eligible.
6. Meets the US Department of Education's definition of an Independent Student (refer to page 15 of the HUD Handbook 4350.3 glossary).
7. Persons already receiving Section 8 Assistance as of November 30, 2005 and are disabled (both parts of 7 must be met).

PARTVIII DIVESTITURE OF ASSETS (completed by head of household)

Has any household members disposed of any assets within the last 2 years for less than fair market value in excess of \$1,000?

_____ yes* _____ no

*If Yes, documentation regarding the disposed asset(s) has been obtained and, if applicable, included in Section IV.

PART IX SUPPLEMENTAL INFORMATION FORM (completed by head of household)

MaineHousing (MH) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although MH would appreciate receiving this information, you may choose not to furnish it. You will 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 check the box at the bottom of the page and initial.

Enter both Ethnicity and Race codes for each household member (see below for codes).

TENANT DEMOGRAPHIC PROFILE

HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled
1						
2						
3						
4						
5						
6						
7						

The Following Race Codes should be used:

1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian
 - 4a - Asian India
 - 4b – Chinese
 - 4c – Filipino
 - 4d – Japanese
 - 4e - Korean
 - 4f - Vietnamese
 - 4g – Other Asian
- 5 – Native Hawaiian/Other Pacific Islander
 - 5a – Native Hawaiian
 - 5b – Guamanian or Chamorro
 - 5c - Samoan
 - 5d – Other Pacific Islander
- 6 – Other
- 7 – Did not respond. **(Please initial below)**

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 3 – Declined to complete. **(Please initial below)**

Disability Status:

1 – Yes

If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- 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, please see 24 CFR 100.201, available at <http://www.fairhousing.com/index.cfm?method=page.display&pageID=465>.
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

2 – No

3 – Declined to complete **(Please initial below)**

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) _____
 (HH#) 1. 2. 3. 4. 5. 6. 7.

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. 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 OF LESSEE	DATE	SIGNATURE OF LESSEE	DATE
SIGNATURE OF LESSEE	DATE	SIGNATURE OF LESSEE	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	DATE
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**INSTRUCTIONS FOR COMPLETING THE
HOUSING TAX CREDIT PROGRAM
TENANT INCOME CERTIFICATION (ver. 6/16)**

This form is to be completed by the owner or its 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. |
| Hshold Income @ Move-in | Enter the Gross Annual Household Income at move-in. |
| Hshold Size @Move-in | Enter the number of family members at the time of move-in. |
| Current Hshold Size | For recertifications, enter the current size of the household even if it is the same as move-in. |
| 1. Project Name | Enter the name of the development |
| 2. Building ID | Enter the Building Identification Number (BIN) assigned to the building (from IRS form 8609). Also enter the building address. |
| 3. Unit # | Enter the unit number. |
| 4. # Bedrooms/SF | Enter the number of bedrooms in the unit and the square footage of the unit. |
| 5. County | Enter the county in which the building is located. |

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 child(ren) |
| L - Live-in caretaker | N - None of the above |

Indicate M for male and F for female. Enter the date of birth of each occupant and their student status. Last four digits of Social Security Number: For each tenant enter the last four digits of the social security number or the last four digits of the alien registration number. If tenant does not have a SSN or alien registration number, enter "0000".

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 4350.4 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. 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. |

Part IV - Income from Assets

See HUD Handbook 4350.4 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third party verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve 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 (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 I (for imputed, 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 the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
TOTALS	Add the total of Column (H) and Column (I), respectively.

If the total in Column (H) is greater than \$5,000 you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by .0006% and enter the amount in (J), Imputed Income.

Column (K)	Enter the greater of the total in Column (I), or (J).
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Part V - Total Annual Household Income from all sources

Total Annual Household Income From all Sources	Enter the total of (E) and (K).
Maximum Income Limit per Family Size	Enter the Maximum Income Limit for the household size.
Household Meets Income Restriction at	Check the appropriate box for the income restriction that the household meets according to the unit income target specified by the set-aside(s) for the project.
Current Income Limit X 140%	For recertifications 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 recertification 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 the amount of rent assistance, if any.
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Other non-optional charges	Enter the amount of non-optional charges, such as 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. If this is a HOME unit include Rental Assistance amount.
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

Tax Credit

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.

HOME

If **any** household member is a full or part time student, check “yes”.

If “yes” is checked, the appropriate exemption must be listed in the box below. If none of the exemptions apply, the household is ineligible to rent the unit.

**Full time is determined by the school the student attends.*

Part VIII - Divesture of Assets

Applicants and tenants must declare whether an asset has been disposed of for less than fair market value at each certification and recertification. Assets greater than \$1,000 disposed of for less than fair market value during the two years preceding certification or recertification must be counted as an asset. If the tenant has indicated that assets have been disposed documentation and verification regarding the circumstances and amounts must be obtained. If applicable the amounts must be included on Section IV.

PART IX - SUPPLEMENTAL INFORMATION

Complete this portion of the form at move-in and at recertification’s (only if household composition has changed from the previous year’s certification).

Tenant Demographic Profile

Complete for each member of the household including minors. Use codes listed on supplemental form for Race, Ethnicity, and Disability Status.

Resident/Applicant Initials

All tenants who wish not to furnish supplemental information should initial this section. Parent/Guardian may complete and initial for minor child(ren).

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).

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.



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- Lock and key services and repairs
- Customer service and performing maintenance tasks according to company policy and procedures
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