MaineHousing
MAINE STATE HOUSING AUTHORITY

TENANT INCOME SELF CERTIFICATION
Check all programs that apply:

☐ RLP ☐ LIHTC ☐FedHome ☐ 811
☐ HTF ☐ HOME-ARP ☐ State LIHTC

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: ☐ Heat ☐ H/W ☐ Lights ☐ Cooking ☐ Other

Source of UA _____ Is Voucher ☐ Project Based or ☐ Tenant Based $_____ Maximum allowable income

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.

$

Household Meets the unit Income Restriction at:

☐60% ☐50%
☐40% ☐30%
☐80% ☐30% HTF not exceeding ELI

$_____ Maximum allowable rent

SIGNATURES

DATE SIGNATURE OF OWNER/AGENT DATE

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

Hshold 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)

Hshold 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)

Hshold 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 HOUSEHOLD 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

_____

*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.

PART II SECTION D - STUDENT STATUS (LIHTC only Post 15 Year) (completed by head of household)

ARE ALL HOUSEHOLD OCCUPANTS FULL TIME STUDENTS? If yes, must meet both student exception*

_____ 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.

*Student Exception:
1 Household's primary residence
2 Head/Co-Head not claimed as dependents on another person's income tax filing.

STUDENT STATUS (HOME only) (completed by head of household)

ARE HOUSEHOLD 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 – 9 _____

*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).
8. Is classified as Vulnerable Youth per Docket No. FR-5969-N-01.
9. The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances per Docket No. FR-5969-N-01

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

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

_____ 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), which can be found in 24 CFR 100.201, available at https://www.ecfr.gov/current/title-24/subtitle-B/chapter-I/part-100/subpart-D/section-100.201, as summarized below:

• "Handicap" means a physical or mental impairment, as defined in 24 CFR 100.201 which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment.

• "Handicap" does not include current, illegal use of or addiction to a controlled substance.

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. 2/15/2023)

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.
Voucher	Enter type of voucher tenant is receiving.
Maximum Allowable Income	Enter the maximum allowable income (over income amount) under the program.
Maximum Allowable Rent	Enter the maximum allowable rent under the program.

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.
Tax Credit – Post 15 Years
If all household member are full time* student, check "yes". Household must meet both exemptions to be eligible.
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 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.