

TENANT INCOME SELF CERTIFICATION

Check all programs that apply:

RLP LIHTC NewLease SHARP/Rehab FedHome
 811 HTF RAD 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: <input type="checkbox"/> Heat <input type="checkbox"/> H/W <input type="checkbox"/> Lights	<input type="checkbox"/> Cooking <input type="checkbox"/> Other
Source of UA _____	Is Voucher <input type="checkbox"/> Project Based or <input type="checkbox"/> 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: <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 80% <input type="checkbox"/> 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)						
Hshol d 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)
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	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.
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.		

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

ARE ALL HOUSEHOLD OCCUPANTS FULL TIME STUDENTS? exception* _____ yes _____ no	If yes, must meet both student	*Student Exception: 1 Household's primary residence 2 Head/Co-Head not claimed as dependents on another person's income tax filing.
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.		

**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-optimal charges	Enter the amount of non-optimal 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-optimal 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 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.