MaineHousing
MAINE STATE HOUSING AUTHORITY

TENANT INCOME CERTIFICATION
Recovery House

☐ Initial Certification – Unit ☐ Initial Certification - Tenant ☐ Recertification ☐ 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 # (if more than one):_____ _____
3. Unit #:_____	4. # Bedrooms: _____ SF _____	5. City/Town _____ County: _____

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							

Hshold 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

Hshold 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) $

Household Meets the unit Income Restriction at:

☐ 80% ☐ 50%

Current Income Limit per Family Size: $

Recertifications Only

Current Income Limit X 140%:
$_____

Household Income exceeds 140% at recertification:

☐ Yes ☐ No

PART VI. RENT

Tenant Paid Rent $ _____ Rental Assistance $ _____ Other non-optional charges $ _____

Utility Allowance: $ _____ For: ☐ Heat ☐ H/W ☐ Lights ☐ Cooking ☐ Other _____

Source of UA: ☐ HUD ☐ Local PHA ☐ Other _____

GROSS RENT FOR UNIT:
Gross rent includes tenant paid rent plus Utility Allowance & other non-optional charges.

$

Unit Meets Rent Restriction at:
☐60% ☐50%

Maximum Rent Limit for this unit: $ _____

PART VII DIVESTITURE OF ASSETS (completed by head of household)

Has any household members disposed of any assets in excess of $1,000within 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 VIII SUPPLEMENTAL INFORMATION FORM (completed by head of household)

MaineHousing (MH) requests the following demographic and economic information in order to comply with reporting requirements of the U.S. Department of Housing and Urban Development (HUD) Pilot Recovery Housing Program on tenants residing in recovery houses financed with HUD funds. 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
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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 to live in the unit in this Project under the provisions of the laws, rules and regulations governing the State of Maine tax credit for affordable housing, including without limitation, 36 M.R.S. §5219-WW and 30-A M.R.S. §4722(1)(GG) and MaineHousing's Rule Chapter 35, the *State Low-Income Housing Tax Credit Rule*, as may be amended, and the State of Maine Affordable Housing Tax Credit Declaration of Covenants executed by the Owner.

SIGNATURE OF OWNER/REPRESENTATIVE	DATE

INSTRUCTIONS FOR COMPLETING THE
STATE OF MAINE AFFORDABLE HOUSING TAX CREDIT PROGRAM
TENANT INCOME CERTIFICATION (ver. 9/16/2022)

This form must be completed by the owner or its authorized representative.

Part I - Development Data

Check the appropriate box for Initial Certification – Unit (initial qualifying tax credit property only), Initial Certification - Tenant (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 should be no later than one year from the effective date of the previous 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 project
2. Building #	If more than one building in the project, enter the building #. If the address of the building is different than the project address, please also enter the address of the building.
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 documents obtained from each income source, enter the gross amount anticipated to be received for the twelve (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.

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 documents obtained from each asset source, list the gross amount anticipated to be received during the twelve (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 (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).

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 Rural Development rental assistance or 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.
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 - 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 obtained. If applicable the amounts must be included on Section IV.

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.