

# INCOME CERTIFICATION

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

Effective Date: \_\_\_\_\_

Move-in Date: \_\_\_\_\_

(MM/DD/YYYY)

\*Transfer from Unit: \_\_\_\_\_

## PART I – DEVELOPMENT DATA

Property Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

## 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 (circle one) | 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                |                                         |

## 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 (Zero if under \$50k) :                              |                   |         |         | \$                      | (M) Total Actual Income:  | \$                           |
| (N) TOTAL REAL PROPERTY:                                                                       |                   |         |         | \$                      | (O) Total Imputed Income: | \$                           |
| (P) TOTAL NET FAMILY ASSETS (equals L plus N):                                                 |                   |         |         | \$                      |                           |                              |
| (Q) INCOME FROM ASSETS (equals M if P is less than \$50k, M plus O if P is greater than \$50k) |                   |         |         |                         |                           | \$                           |

(R) Total Annual Household Income from all Sources [Add (E) + (Q)]

\$

## 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 V. HOUSEHOLD DESIGNATION**

**Mark the applicable designation that this household satisfies for the property's occupancy requirements:**

☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ Over  
Income

TOTAL ANNUAL HOUSEHOLD  
INCOME FROM ALL SOURCES:  
From item (R) on page 1

\$

Current Income Limit per Family Size:

\$

TOTAL GROSS RENT  
Tenant Paid rent plus  
non-optional and Mandatory  
fees:

\$

Rent Limit for Bedroom Size:

\$

**PART IV: 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