



INCOME CERTIFICATION

Initial Certification
 Recertification
 Other* _____

Effective Date: _____
 Move-in Date: _____
 (MM/DD/YYYY)
 *Transfer from Unit: _____

PART I – DEVELOPMENT DATA

Property Name: _____ County: _____ 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)	F/T Student (Y or N)	Social Security or Alien Reg. No.
1			HEAD			
2						
3						
4						
5						

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or 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/I	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:			\$ _____	\$ _____
Enter Column (H) Total		Passbook Rate		
If over \$5000 \$ _____ X		2.00%	= (J) Imputed Income	\$ _____
Enter the greater of the total of column I, or J: imputed income			TOTAL INCOME FROM ASSETS (K)	
			\$ _____	
(L) Total Annual Household Income from all Sources [Add (E) + (K)]				\$ _____

PART V. DETERMINATION OF INCOME ELIGIBILITY

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)

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: <input type="checkbox"/> From item (L) on page 1	\$ _____	Household Meets Income Restriction at: <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> OI	RECERTIFICATION ONLY: Current Income Limit x 140%: \$(optional) _____ Household Income exceeds 140% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income Limit per Family Size: \$ _____			
Household Income at Move-in : \$ _____		Household Size at Move-in: _____	

PART VI. RENT

A. Tenant Paid Rent:	\$ _____		
B. Rent Assistance:	\$ _____		
C. Other non-optional charges	\$ _____	Unit Meets Rent Restriction at: <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> OI	
D. Gross Rent For Unit	\$ _____	Maximum Rent Limit for this unit: \$ /	

ARE ALL OCCUPANTS FULL TIME STUDENTS? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, Students must be Married and filing a joint Income Tax Return (also attach documentation)
---	---

PART VIII. PROGRAM TYPE

This household's unit will be counted toward the property's occupancy requirements. Indicate the household's income status as established by this certification/recertification.

50% 60% 80% OI** ** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

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 Income Certification is/are eligible under the provisions of program's rules and regulations to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE