



# HEART Program Income Certification Webinar Part II



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Serving the People of Texas



| <b>Questions?</b>          | Participants     Chat     Recorder     Q&A     Polling        ▼ Participants (1)      ×       Speaking:      Panelists: 1   |
|----------------------------|---|
| Type them into the Q&A box | <ul> <li><b>Donna Dunlap</b> (Host, me) <u>ul</u></li> <li>Attendees: 0 (0 displayed)</li> </ul>  |
|                            | ▼ Chat ×  |
|                            | Send to: All Participants  Select a participant in the Send to menu first, type chat message, and send  Q&A  All (0)  GA do go triang of the send send send send send send send |
|                            | Select a question, and then type your answer here. There is a 256 character maximum.           Send         Send Privately  |





# HEART Program Webinar Recordings

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**Determining Eligibility** 

Income requirements are based on the

#### HUD Handbook 4350.3

Chapter 3: Verifications Chapter 5: Determining Income and Calculating Rent Exhibits 5-2: Acceptable Forms of Verifications

Note: Terms used are interchangeable. For example: owner, management agent, manager are those that complete the verification process. Tenant, applicant, are those that are providing information to complete the screening.



# **Income Certification Process**

#### Always follow the following 5 Basic Steps when qualify households

- Review Completed Application & Screen
- Verify & Document Income
- Annualize Income
- Complete Income Certification
- Compare Annual Household Total against applicable county income limits to determine eligibility

Note: For HEART Program, households must earn no more than 80% AMI (HUD Section 8 Income Limits)



### Employment

- Wages, Commission, Salaries, Tips, Bonuses, Shift Differentials, Overtime, etc.
- Verify one full month of work (i.e., Pay Stubs, Employment Verification, Award Letters, W-2, Retirement or Unemployment Benefits)

### Self-Employed

- Include <u>NET</u> Income (Net income = gross income less business expenses).
- Include salaries and other amount distributed to applicants and family members in the applicant group.
- If Net Income is negative, then count \$0.

\*All verifications, regardless of method, must be dated within <u>120 days</u> of the certification date. Some exceptions apply (i.e., annual benefit award letters, tax forms, life insurance forms, etc.)



# **Verification Methods**

### Seasonal or Sporadic Income

- Make a reasonable decision on the best way to calculate
- Use verified amounts to calculate
- If the seasonal timeframe cannot be verified assume it continues through the verification period (full 12 months)

Non-Employment

• Any person 18 years of age or older with no income <u>must</u> complete a Certification of No Income.



- HUD's method of annualizing income consist of:
  - Annualizing <u>current gross</u> income (prior to any adjustments)
  - Calculate income assuming current circumstances will last a full 12 months.
  - Calculate anticipated income when information is made available on changes expected to occur.
  - Stay Consistent Management must develop policies and procedures that will remain consistent throughout the verification process.



# Annualize Income with Pay Stubs

Basic method to calculate periodic wages include:

| Full-Time Hourly                | • Wage x 2080                             |
|---------------------------------|---|
| Weekly                          | <ul> <li>Wage x 52 pay periods</li> </ul> |
| Bi-Weekly<br>(every other week) | <ul> <li>Wage x 26 pay periods</li> </ul> |
| Semi-Monthly<br>(twice a month) | <ul> <li>Wage x 24 pay periods</li> </ul> |
| Monthly                         | <ul> <li>Wage x 12 pay periods</li> </ul> |



# No check stubs!?

- In the event that the applicant does not have check stubs or cannot obtain them you have more options.
  - 1. Complete an Employment Verification (EV) form:
    - The EV (example on next slide) will assist with capturing overtime, commissions, tips, bonuses, and employment start and end dates.
  - 2. Obtain tax returns
    - Captures all types of income (i.e., Form 1099, Form 1040, and Schedule C, E or F.
  - 3. Self Certification: If an applicant is self employed and does not have any tax documents for previous years, a "Self-Certification" form can be completed for expected annual income.
- The above options are commonly used to determine income for Seasonal, Part-Time, Short-term, and Temporary Income.



# Example Employment Verification (EV)

| KE: Applicant/Tenant Name  | Social Security Number   | Unit # (if assigned)                                       |
|--|--|--|
| I hereby authorize release of my employment information.   |  |  |
| Signature of Applicant/Tenant  |  | Date   |
| The individual named directly above is an applicant/tenant of a housing<br>remain confidential to satisfaction of that stated purpose only. Your pro |  |  |
| remain confidential to satisfaction of that stated purpose only. Your pro-   | mpi response is crucial and greatly appre  | cialed.  |
| Project Owner/Management Agent   |  |  |
| , , ,  | T  |  |
| Return For   | m 10:  |  |
|  |  |  |
| THIS SECTION TO BE   | COMPLETED BY EMPLOYER  |  |
|  | T-1. TV-1  |  |
| Employee Name:   |  |  |
| Presently Employed: Yes Date First Employed  | No Last Day of Em  | ployment   |
|  |  | this waarby other  |
| Current Wages/Salary: \$ (circle one) hourly wee   | kly bi-weekly semi-monthly mo  | iany yeary outer   |
|  | kiy bi-weekiy semi-monthiy mo<br>p-date earnings: \$   |  |
| Average # of regular hours per week: Year-to   | , , ,  | through//  |
| Average # of regular hours per week: Year-b  | o-date earnings: \$<br>ge # of overtime hours per week:  | through//  |
| Average # of regular hours per week:     Year-to       Overtime Rate:     \$per hour   | o-date earnings: \$<br>ge # of overtime hours per week:<br>ge # of shift differential hours per week:  |  |
| Average # of regular hours per week:       Year-to         Overtime Rate:       \$   | o-date earnings: \$<br>ge # of overtime hours per week:<br>ge # of shift differential hours per week:<br>weekly bi-weekly semi-monthly                 |  |
| Average # of regular hours per week:     Year-to       Overtime Rate: \$ per hour     Averag       Shift Differential Rate: \$ per hour     Averag   | o-date earnings: \$<br>ge # of overtime hours per week:<br>ge # of shift differential hours per week:<br>weekly bi-weekly semi-monthly<br>t 12 months; | through _//<br><br>monthly yearly other<br>Effective date: |

Note: For a detailed explanation of this form please watch the previous webinar found here: <u>https://www.tsahc.org/nonprofits-local-governments/heart-program-webinars#Income Part 1</u>



### How to Annualize Income – Case Study

A three-member household applies and discloses the following information: Household Member (HHM) #1 receives weekly wages, HHM#2 receives benefits, and HHM#3 is a seasonal employee. Each households' income is annualized below:

• HHM #1 provides 4 check stubs: The <u>Gross</u> pay amounts on the check stubs are:

\$251.23 + \$228.67 + \$275.21 + \$222.85 = \$977.96 \$977.96/4 = \$244.49 \$244.49 x 52 = \$12,713.48

• HHM #2 provides a Social Security award letter: The letters states the applicant's <u>Gross</u> benefit amount is \$830.74 and states a total of \$830.00 will be deposited monthly:

\$830.74 x 12 = **\$9,968.88** 

HHM #3 provides a Self-Certification: The applicant discloses he is a seasonal worker, he worked from May - August for a total of \$2,000.00.
 \$2,000.00 Total = \$2,000.00



# Income Certification Form – Case Study

- For each household member, each Income Source should be entered on its own line on "Part II" of the Income Certification Form.
- The average Gross Monthly Income amount should be entered in the second column and the annualized income is entered in the third column

|   |                       |     |                                   | PART I | . HOUSER  | HOLD CO   | OMPOS  | ITION                 |          |                     |               |                                     |
|---|-----------------------|-----|-----------------------------------|--------|-----------|-----------|--------|-----------------------|----------|---------------------|---------------|-------------------------------------|
|   | Household<br>Member # |     | Last Name                         |        | First Nan | 1e        |        | ionship to<br>usehold |          | te of Bir<br>/DD/YY | <br>w<br>Dis  | ividual<br>ith a<br>ability<br>Y/N) |
|   | 1                     | Doe |                                   | John   |           |           | HEAD   | )                     | 1/1/1    | 981                 | Ν             |                                     |
|   | 2                     | Doe |                                   | Jane   |           |           | Co-Ad  | ult                   | 1/1/1    | 981                 | Υ             |                                     |
|   | 3                     | Doe |                                   | Jack   |           |           | Co-Ad  | ult                   | 1/1/1    | 981                 | Ν             |                                     |
|   | 4                     |     |                                   |        |           |           |        |                       |          |                     |               |                                     |
|   | 5                     |     |                                   |        |           |           |        |                       |          |                     |               |                                     |
| ÷ |                       |     |                                   |        | II. GROS  | S ANNU    | AL INC | OME                   |          |                     | Suppor        | ting                                |
|   | Household<br>Member # |     | urce of Income (Wa<br>Unemploymen |        | Base M    | onthly In | come   | Annu                  | al Incor | ne                  | cumen<br>(Y/N | tation                              |
| Ŀ | 1                     | Wa  | ges                               |        | 1,059.46  |           |        | 12,713.48             |          |                     |               |                                     |
|   | 2                     | SSI |                                   |        | 830.74    |           |        | 9,968.88              |          |                     |               |                                     |
|   | 3                     | Sea | sonal Wage                        |        | N/A       |           |        | 2,000                 |          |                     |               |                                     |
|   | 4                     |     |                                   |        |           |           |        |                       |          |                     |               |                                     |
|   | 5                     |     |                                   |        |           |           |        |                       |          |                     |               |                                     |
|   |                       |     | Totals                            |        | 1890.20   |           |        | 24,682.36             |          |                     |               |                                     |



## Income Certification Form – Case Study

• Each applicant should sign the Income Certification

#### 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. 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.

Applicant's Printed Name

Signature of Applicant

Applicant's Printed Name

Signature of Applicant

#### SIGNATURE OF ORGANIZATION'S REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part I of this Income Certification is/are eligible under the provisions of program's rules and regulations to live in a unit in this Project.

Organization's Representative Printed Name

Signature of Representative



## **Notes: Other Income Sources**

- Other sources of income commonly found include:
  - Child support / Alimony
    - Usually Paid Monthly
    - Request copy of court orders
    - Some Managers request Attorney General print outs (not required)
  - Dividends and Interest from IRA's, VIP's and 401K's
  - SSI benefits
  - Unemployment and workers compensation
  - Monetary Gifts, Car/Cell phone allowances
  - The full amount of public assistance payments.



Award

letters

### **Notes: Income Exclusions**

#### • Gross Income does <u>not</u> include the following:

- Casual or irregular gifts.
- Amounts which are specifically for, or in reimbursement of, medical expenses.
- Lump sum additions to family assets, such as inheritances, reenlistment bonuses, insurance, capital gains and settlement for personal property losses.
- Income from foster child care payments.
- Income of a live-in aide or Nurse.
- Amounts of educational scholarships paid directly to the student or the educational institution, and the amount paid by the government to a veteran for use in meeting the cost of tuition.



# **Problematic Calculations**

There are several income sources that prove to be difficult to calculate. Below are just a few income sources that we frequently see miscalculated:



\*In cases that have complicated calculations, HEART Grantees are encouraged to communicate with TSAHC to ensure calculations are within the Guidelines.



- Owners must count alimony and child support amounts awarded by the court unless the applicant certifies that payments are not being made and that he or she has taken all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment.
- When no documentation of child support, divorce, or separation is available, either because there was no marriage or for another reason, the owner may require the family to sign a certification stating the amount of child support received.
  - Managers <u>must</u> request the following:
    - Child support award letter to determine amounts awarded for child support, medical support and any arrearages.
  - Managers may request the following:
    - Self certifications of child support and copy of the enforcement agency's payment statement.



A mother of 1 applies and discloses she receives child support for her daughter.

- The Manager requests the applicant complete a child support self certification form and requests a copy of the support court order:

#### **Child Support**

IT IS ORDERED that **John Doe** is obligated to pay child support judgement and by paying \$135 each month on or before the same each month beginning 1<sup>st</sup> day of March 2019.

#### **Medical Support**

Health insurance is available or is in effect for the child through the following parent's employment for *Jane Doe* at an actual cost of \$25.00 per month.

| Are you entitled to receive child suppor  | 1?  | Yes No  | 1   |
|---|---|---|-----|
| If yes, what amount of child support is spec  | ified?  |   |     |
| \$ 160.00   | Рет   | month week  |     |
| Please list the amount of child support you act   | tually receive, if different fr                         | om the amount listed above.                                 |     |
| \$  | Per   | month week  |     |
| If you do not receive the full court ordered a<br>to collect (for example, contacting the Divis | amount of child support, d<br>tion of Enforcement Servi | escribe below any actions you have taken to attemp<br>ces). | 1   |
|   |   |   |     |
| Additional comments:  |   |   |     |
| Additional comments:  |   |   | +   |
|   |   |   | ISd |
|   |   |   | TEV |

20

The child support is calculated as follows:

Child Support \$125 monthly Medical Support <u>\$35 monthly</u> \$160 monthly <u>x 12 months</u> **\$1,920 annually** 

What happens when the applicant does not have a copy of the court order?

- The Manager should request a written self-certification
- The Manager should request a child support verification letter from the enforcement agency. In Texas, that is the Office of the Attorney General (OAG). Form 9L002 verified payment and cooperation.



A father of 1 applies and discloses he receives child support for his child and says he does not have the child support court order documents.

 The Manager requests that the applicant complete a child support selfcertification form and requests third-party verification from the OAG office. The self certification disclosed \$310 monthly and the OAG verification form also said \$310.00 x 12 months = \$3,720 annually.

| Central File<br>P.O. Box 12048<br>AUSTIN, TN 78711- |   |                                       | CHILD SUPPORT DIVISION                                     |
|---|---|---------------------------------------|--|
|   |   | Date: May 13, 2019<br>Recipient Name: | 8 1<br>  |
|   | CHILD SUPPORT INCOM   | IE VERIFICATION                       |  |
| No case was found or                                | n the Child Support   |                                       |  |
| Diher:  |   |                                       |  |
|   | be most recent child support income inform<br>of included in the last 12 payments providen. |                                       |  |
| OAG Cuse #:   | Cause #:<br>The amount of court<br>child support is 310.00<br>per MONTHLY                   | OAG Case #:<br>Registry Only          | Cause #:<br>The amount of court<br>child support is<br>per |
| Dependent(s):                                       | Laut 12 Payments<br>Dute: Amount:<br>04-30 2019 \$128.62<br>04-16-2019 \$181.38             | Dependent(s):                         | Last 12 Payments<br>Date: Amou                             |
|   |   | 1                                     |  |

A mother of 1 applies and discloses she receives child support for her daughter but does not have a child support court order.

 The Manager requests that the applicant complete a child support self certification form and request third party verification from the OAG office. Child Support =

| \$200 x 12 months = \$2,400 annually, if they are co cooperating, the full amount \$310 is annualized.   |  |
|--|--|
| Are you entitled to receive child support?   | Date: May 13, 2019<br>Resipient Name:  |
| If yes, what amount of child support is specified?   | CHILD SUPPORT INCOME VERIFICATION  |
| \$ 310.°° Per month week   | No case was found on the Child Support     Other:  |
| Please list the uncount of child support you actually receive, if different from the amount listed above.  | This document contains the most recent child support income information in the possession of the   |
| \$ 100.00 Per  | Tax Offset amounts are not included in the last 12 payments provided. Additional payment record<br>the reverse side of the form.   |
| If you do not receive the full court ordered amount of child support, describe below any actions you have taken to attempt<br>to collect (for example, contacting the Division of Enforcement Services). | OAG Cuse #:<br>Chuse #:<br>Chuse #:<br>The amount of court<br>child support is 310.00<br>per MONTHAY<br>Chuse #:<br>Registry Only  |
|  | Dependent(s): Luxt 12 Payments Dependent(s):<br>Date: Amount:  |
| Additional comments:   | (430-2019 100.00<br>(430-2019 100.00<br>(4430-2019 100.00<br>03/3*/2.00<br>(35/3*/2.00<br>(35/3*/2.00<br>(35/3*/2.00<br>(05.00<br>(35/3*/2.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00<br>(05.00)<br>(05.00<br>(05.00<br>(05.00<br>(05.00)<br>(05.00<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>(05.00)<br>( |

A mother of 1 applies and discloses she was awarded child support but states she does not receive it.

The Manager requests that the applicant complete a child support self-certification form and requested third party verification from the OAG office. Child Support = \$0 x 12 months = \$0 annually.

| \$ 3)0.°°       Per       Image: A month is week         Please list the amount of child support you actually receive, if different from the amount listed above.       Other:         This document contains the most recent child support income information in the possession of the support income information in the support income information in the possession of the support income information in the support income informatin the support income information in the supor  | Are you entitled to receive child support?   | Date: May 13, 2019<br>Recipient Name:<br>CHILD SUPPORT INCOME VERIFICATION   |
|--|--|--|
| S       Per       Anoth week         If you do not receive the full court ordered amount of child support, describe below any actions you have taken to attemp to collect (for example, contacting the Division of Enforcement Services).       Tax Offset amounts are not included in the last 12 payments provided. Additional payment receive the full support of the form.         I do not Receive and have provided this to Attorny       OAG Case #:       Cause #:         I do not Receive and have provided this to Attorny       Dependent(s):       Dependent(s):         Dependent(s):       Dependent(s):       Dependent(s):  | \$ 310.00 Per Month week   |  |
| S       Per       Anoth I week       Tax Offset amounts are not included in the last 12 payments provided. Additional payment receive the full court ordered amount of child support, describe below any actions you have taken to attemp to collect (for example, contacting the Division of Enforcement Services).       Tax Offset amounts are not included in the last 12 payments provided. Additional payment receive the full court ordered amount of child support, describe below any actions you have taken to attemp to collect (for example, contacting the Division of Enforcement Services).       One case #:       Cause #:       One case #:       One  | Please list the amount of child support you actually receive, if different from the amount listed above.                   | This document contains the most recent shild support income information in the possession of the                         |
| I do not Receive any money. I have reported this to Attorny<br>General and have provided them with everything they<br>mud.<br>I do not Receive any money. I have reported this to Attorny<br>Dependent(s):<br>I do not Receive any money. I have reported this to Attorny<br>Dependent(s):<br>I do not Receive any money. I have reported this to Attorny<br>Dependent(s):<br>I do not Receive any money. I have reported this to Attorny<br>Dependent(s):<br>I do not Receive any money. I have reported this to Attorny<br>Dependent(s):<br>I do not Receive any money. I have reported this to Attorny<br>I do not Receive any money. I have reported this to Attorny<br>I do not Receive any money. I have reported this to Attorny<br>I do not Receive any money. I have reported this to Attorny<br>I do not Receive any money. I have reported this to Attorny<br>I do not receive any money. I have reported this to Attorny<br>I do not receive any money. I have reported this to Attorny<br>I do not receive any money. I have reported this to Attorny<br>I do not receive any money. I have reported this to Attorny<br>I do not receive any money. I have reported this to Attorny<br>I do not receive any money. I have reported this to Attorny<br>I do not receive any money. I have reported this to Attorny<br>I do not receive any money. I have reported this to Attorny<br>I do not receive any money. I have reported this to Attorny<br>I do not receive any money. I have reported this to Attorny<br>I do not receive any money. I have reported this to Attorny<br>I do not receive any money. I have reported the receive any money. I have receive any mon   |  | Tax Offset amounts are not included in the last 12 payments provided. Additional payment reco                            |
| <u>I</u> do not <u>Receive</u> any money. I have reported this to Attorning<br><u>General</u> and have provided them with everything they<br><u>Mud</u> .<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent(s):<br>Dependent( |  | i he amount of court   |
| Additional comments:   | I do not Receive any money. I have reported this to Altony<br>General and have provided them with everything they<br>mend. | per MONTHLY<br>Dependent(s): Last 12 Payments Dependent(s):<br>Date: Amount:<br>(4 20 2019<br>(3 16 2019<br>0 21 5 2 any |

#### Seasonal and Sporadic Income:

- Make a reasonable judgment as to the most reliable approach to estimating what the tenant will receive during the year.
- Include amounts that can be verified.
- If unable to verify the restrictions of sporadic employment, assume it will continue though the next 12 months.

#### Sporadic:

Stacy is applying for an apartment with a move-in date of May 20<sup>th</sup>. She discloses she works as a babysitter during the summer months and as needed. She disclosed that she worked 5 days in May, she worked 15 days in June, and said she will not be working in July because the family is traveling. She also disclosed that she will be working for 4 days in August before school starts. The Property Manager called her employer and confirmed the day worked and the rate of pay \$80.00 per day. Income would be calculated as follows: May (10 days), June (25 days), July (0 days), August (24 days): 59 days x 80 = 4,720 annually.



### Case Study-Annualize Seasonal/Sporadic Income

#### Seasonal:

- HHM #1 is a farmer who says he makes \$7.50 per hour and worked three weeks during this farming season. His employer completed the Employment Verification (EV) form as shown below:
  - The employer disclosed that his last date of employment was 7/25/19.
  - \$7.50 an hour x 120 hours (3 weeks x 40 hours) = \$900

| THIS SECTION TO BE COMPLETED BY EMPLOYER   |
|--|
| Employee Name: John Doc Job Title: France hims of  |
| Presently Employed: Yes Date First Employed No Last Day of Employment 7 - 25 - 19  |
| Current Wages/Salary: S_7.56 (circle one) Courty weekly bi-weekly semi-monthly monthly yearly other  |
| Average # of regular hours per week: 40 Year-to-date earnings: S. 900 through 71251 14   |
| Overtime Rate: S per hour Average # of overtime hours per week:  |
| Shift Differential Rate: S_ <u>1.5</u> per hour Average # of shift differential hours per week: <u>40</u>  |
| Commissions, bonuses, tips, other: S (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other  |
| List any anticipated change in the employee's rate of pay within the next 12 months:; Effective date:;   |
| If the employee's work is seasonal or sporadic, please indicate the layoff period(s): <u>7-25-14</u><br>Additional remarks: <u>Floking field heed to be dane</u> |
| Employer's Signaluip Employer's Printed Name Date  |



New source of income that needs to be verified. Make reasonable judgment as to the most reliable approach to estimating what the tenant will receive during the year.

#### Uber:

- Earning are tracked by week, day, or trip in the Driver App. Tap on the fare icon or go through the Earnings tab
- Tax Form 1099-K form

#### Lyft:

- The Driver Dashboard shows the total earnings you can expect to see transferred to your bank account after Lyft's fees.
- The best place to track your earnings is the Driving History tab in the Driver Dashboard. The Dashboard lets you see earnings by day, week, month, or year.

#### Amazon:

- Earnings can be located in their App under the earnings tab
- Tax Form 1099



### Case Study- Annualize Uber/Lyft Income

| Lyft<br>Yo  | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 | enero 2018 Amazon                 | /     |
|---|---|-----------------------------------|-------|
| 04 diciembre 2017, 12   | 54 AM   | Depósito, 2 ene.                  | \$252 |
|   |   | Cuenta corriente terminada en 066 |       |
| Mostrar imag  | enes  |                                   |       |
|   |   | diciembre 2017                    |       |
|   |   | dom., 31 dic.                     | \$72  |
|   |   | 12:30 PM - 4:30 PM                | 472   |
| Express   | Pay   | Pago enviado el 2 ene.            |       |
| Coshed out at 12.49 am o  | n Deo 4, 2017   | rago criviado er 2 che.           |       |
| This deposit will arrive in your chee<br>hour, depending on y         |   | sáb., 30 dic.                     | \$54  |
| Ride payments   | \$185.19  | 5:00 PM - 8:00 PM                 |       |
| Tips  | \$14.00   | Pago enviado el 2 ene.            |       |
| Lyft fees<br>Express Pay fee  | -\$45.31<br>-\$0.50   |                                   |       |
| Total deposit   | \$153.38  | vie., 29 dic.                     | \$54  |
| Express Pay may not include bonus                                     |   | 5:15 PM - 8:15 PM                 |       |
| the end of the week. Have questions ab<br>Glick here to get help on p |   | Pago enviado el 2 ene.            |       |
| Weekly  |   | Daily                             |       |



# Case Study- Annualize Uber/Lyft Income

- Lyft income:
  - Based on the applicants emails, he received a weekly deposit for his completed rides.
  - The Manager requested weekly emails for the month of December:
  - \$78.01, \$153.20, \$53.65, 75.25 = \$360.11
  - \$360.11 / 4 = 90.03 per week
  - \$90.03 x 52 weeks = \$4,681.56
- Amazon income:
  - Based on the applicants emails, he received daily deposits for his deliveries.
  - The Manager requested copies of each deposit. Total monthly deposit was \$2,040
  - \$2,040 x 12 months = \$24,480.00

Total Annual Income: \$4,681.56 + \$24,480.00 = \$29,161.56



Is TANF and Food Stamps the same thing? No

- TANF (Temporary Assistance For Needy Families) benefits are loaded onto the same type of EBT card as SNAP, (if you qualify for both they are on the same card.) But you can use the TANF assistance for anything. You can pay your electric bill or buy gas. You can get cash back from the terminal and even withdraw funds at certain ATMs. <u>This</u> <u>cash benefit IS included as income.</u>
- Food Stamps are officially known as SNAP (Supplemental Nutrition Assistance Program.) They are loaded onto an EBT card every month and can be used at most grocery store and certain other establishments to purchase food. These funds cannot be used to buy tobacco, alcohol, medicine, or anything else that is not food. <u>This non-cash welfare benefit is NOT included as income.</u>



# Documents that are not required for HEART

- Bank statements
  - HOWEVER: If bank statements were collected and revealed other income sources, then those income sources must also be verified as income.
- Property Tax Records
- Social Security Cards
- Mortgage Payment History/Delinquency
- Proof of Homeowners Insurance

\*These items are not required in this funding cycle, however our guidelines change periodically and some of these items may be required in the future.



# **Other Information**

#### • For HEART critical home repair grantees only:

- Household Income Certifications can be submitted for approval on an ongoing basis or during final reports.
- Repair grants must also submit proof that each home repaired with HEART funds was damaged by Hurricane Harvey and proof that the homeowner did not receive assistance for the repairs through another funding source

Note: Income certifications are NOT required to be submitted for Programmatic Grantees



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# Questions?

