



TENANT INCOME CERTIFICATION TAX-EXEMPT BONDS

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: _____ Certification Year: _____

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/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset	
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY:				\$ _____	(M) Total Actual Income:		\$ _____
(N) TOTAL NET FAMILY ASSETS:				\$ _____	(O) Total Imputed Income:		\$ _____

(P) TOTAL INCOME FROM ASSETS [(M) + (O)]: \$ _____

(Q) Total Annual Household Income from all Sources [Add (E) + (P)]: \$ _____

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. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: • From item (Q) 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?	If yes, Enter student explanation (also attach documentation)	*Student Explanation: 1. TANF assistance 2. Job Training Program 3. Previous Foster Care 4. Single Parent with Dependent Child 5. Married filing joint tax return
Yes No	<div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter 1-5*</div>	

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

Supplement to the Tenant Income Certification

Unit #: _____ **Date:** _____

The Texas State Affordable Housing Corporation collects the following information to fulfill federal and state reporting requirements. Resident(s)/Applicant(s) are not required to complete this form.

Resident/Applicant: I do not wish to submit information regarding ethnicity, race, and other household composition. (Initials) _____

See below for ethnicity, race, and other codes that characterize household composition. Enter the appropriate ethnicity/race code for the head of household. Also indicate if the head of household is elderly and/or disabled.

Head of Household	Ethnicity/Race	Elderly - Enter Y or N	Disabled - Enter Y or N

- | |
|--|
| <p>The following Ethnicity/Race codes should be used:</p> <ul style="list-style-type: none"> A White B Black/African American C Hispanic D Asian or Pacific Islander E American Indian/Alaska Native F Other/Multi-Racial |
|--|

Ethnicity/Racial categories:

- A. White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- B. Black/African American – A person having origins in any of the black racial groups of Africa.
- C. Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- D. Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam or other Pacific Islands.
- E. American Indian/Alaskan Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Note: If the appropriate category is not listed, use the “Other/Multi-Racial” (F) category.

Disabled:

- 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 in this definition, please see 24 CFR 100.201.
- “Impairment” does not include current, illegal use of or addiction to a controlled substance.

Elderly:

- 62 years of age or older.