



## 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)	Student Status FT / PT/ NA	Last 4 digits of Social Security 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
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____	\$ _____
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		.06%		= (J) Imputed Income \$ _____
Enter the greater of the total of column I, or J: imputed income				<b>TOTAL INCOME FROM ASSETS (K)</b> \$ _____
(L) Total Annual Household Income from all Sources [Add (E) + (K)]				\$ _____

### 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 (L) on page 1 \$ _____	Household Meets Designated Income Restriction at: <input type="checkbox"/> 30% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> OI	<p align="center"><b>RECERTIFICATION ONLY:</b></p> Designated/Current Income Limit x 140%: \$ _____ Designated Income Limit: 20-50 properties use 50%; 40-60 properties use 60%  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:	\$ _____	Unit Meets Rent Restriction at:
B. Rent Assistance:	\$ _____	<input type="checkbox"/> 30% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> OI
C. Other non-optional charges and mandatory fees:	\$ _____	
D. Gross Rent For Unit (See instructions)	\$ _____	
Is the source of Rental Assistance Federal? <i>If yes, identify the type of assistance:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> HUD Multi-Family Project Based Section 8	<input type="checkbox"/> HUD Section 8 Moderate Rehabilitation	<input type="checkbox"/> HUD Housing Choice Voucher Program (HCV – tenant based)
<input type="checkbox"/> Public Housing Operating Subsidy	<input type="checkbox"/> HOME Tenant Based Rental Assistance	<input type="checkbox"/> HUD Project-Based Voucher (PBV)
		<input type="checkbox"/> USDA Section 521 Rental Assistance Program
		<input type="checkbox"/> Other Federal Rental Assistance

ARE ALL OCCUPANTS FULL TIME STUDENTS?  Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Enter student explanation (also attach documentation)  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Enter 1-5*</div>	*Student Explanation: 1. TANF assistance 2. Job Training Program 3. Previous in State Foster Care System 4. Single Parent with Dependent Child 5. Married filing joint tax return
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**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.

30%     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

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. If you wish to disclose, please see below for ethnicity, race, and disability codes. Enter the codes that characterize the head of household.

Resident/Applicant: I do not wish to submit information regarding race/ethnicity and disability status.  
(Initials) \_\_\_\_\_

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

<p><b>The following Race and Ethnicity codes should be used:</b></p> <p>A White  B Black/African American  C Hispanic  D Asian or Pacific Islander  E American Indian/Alaska Native  F Other/Multi-Racial</p>
<p><b>Disabled:</b>  Yes  No</p>

**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.
- F. Other/Multi-Racial: Use this category if the appropriate category is not listed.

**Disabled:** Yes, if

- 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:** Yes, if

- 62 years of age or older.