

HOME/HTF/CDBG/CDBG-D/NSP TENANT INCOME CERTIFICATION

- Initial Certification
 Recertification
 Other _____
 Unit Transfer from unit # _____

Effective Date: _____
 Move-in Date: _____
 (MM/DD/YYYY)

PART I - DEVELOPMENT DATA

Property Name: _____ County: _____ Award #: _____
 Unit Number: _____ # Bedrooms: _____

PART II - HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Gender	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Special Needs	Race	Ethnicity
1			HEAD						
2									
3									
4									
5									
6									

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) Cash Value of Asset	(I) Annual Income from Asset	(J) A/I
NON-NECESSARY PERSONAL PROPERTY (NNPP):					
List the cash value of each asset as \$0 if the total combined cash value of all NNPP assets is <=\$50,000. However, still list annual income even if value is \$0.					
REAL PROPERTY					
TOTAL ASSET INCOME (K):					

(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.

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 (K) on page 1

Household Meets Income Restriction at:

Fixed Unit
Floating Unit

- 80% 60%
- 50% 40%
- 30%

Household income exceeds 80% AMI and therefore household is an over-income unit (if HOME)

Current Income Limit per Family Size: _____

Household Income at Move-in: _____

Household Size at Move-in: _____

NOTE: PART VI and PART VII only apply to rental projects

PART VI. RENT

Tenant Paid Rent _____

Tenant-based Rent Assistance: _____

Project-based Rent Assistance: _____

Utility Allowance _____

Other non-optional charges: _____

GROSS RENT FOR UNIT:
(Tenant paid rent + Utility Allowance + tenant based rental assistance + other non-optional charges)

Unit Meets Rent Restriction at:

- 80% 60% 50% 40% 30%

Household is an over-income HOME-assisted unit and pays 30% of adjusted income as rent

Maximum Rent Limit for this unit: _____

PART VII. PROGRAM TYPE

Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

a. Tax Credit or Tax-Exempt Bonds

***STOP* IF TAX CREDIT OR BOND, YOU MUST USE THE TAX CREDIT TIC FORM (IHCDA COMPLIANCE FORM#22), NOT THIS TIC FORM.**

b. HOME/HTF/CDBG/or NSP

Income Status

- ≤ 30% AMGI
- ≤ 40% AMGI
- ≤ 50% AMGI
- ≤ 60% AMGI
- ≤ 80% AMGI
- OI*

c. _____

(Other: Insert Name of Program)

Income Status

- _____ (insert %)
- OI*

***OI=** Upon recertification, household was determined over-income 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 Tenant Income Certification is/are eligible to live in a unit in this Project under the HOME, HTF, CDBG, or NSP program.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

This form is to be completed by the owner or an authorized representative.

Part I - Development Data

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, designate the purpose of the recertification (i.e., a unit transfer, a change in household composition, or other state-required recertification).

Move-in Date Enter the date the tenant has or will take occupancy of the unit.

Effective Date Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.

Property Name Enter the name of the development.

County Enter the county (or equivalent) in which the building is located.

Award # Enter the CDBG, CDBG-D, or NSP award number assigned by IHCD

Address Enter the address of the building.

Unit Number Enter the unit number.

Bedrooms Enter the number of bedrooms in the unit.

Part II - Household Composition

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following coded definitions:

H	-	Head of Household	S	-	Spouse
A	-	Adult co-tenant	O	-	Other family member
C	-	Child			

Enter the gender, date of birth, special needs code, race, and ethnicity for each occupant.

If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

Any household member, who meets State definition of Special Needs Population, as provided in IC 5-20-1-4.5, should be coded using the following underlined code:

- 1) PDD - Persons with physical or developmental disabilities
- 2) PMI - Person with mental impairments
- 3) SPH - Single parent households
- 4) SDV - Survivors of domestic violence
- 5) AC - Abused children
- 6) PCA - Persons with chemical addictions
- 7) HP - Homeless persons
- 8) ELD - The elderly

For race, please use the following underlined code:

- 1) AI- American Indian or Alaska Native
- 2) A- Asian
- 3) B- Black or African American
- 4) PI- Native Hawaiian or Other Pacific Islander
- 5) W- White
- 6) D- Did not disclose

For ethnicity, please use the following underlined code:

- 1) H- Hispanic or Latino
- 2) NH- Not Hispanic or Latino
- 3) D- Did not disclose

Part III - Annual Income

See IHCDA's Compliance Manual for instructions on verifying and calculating income, including acceptable forms of verification.

From the third party verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

- Column (A) Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.
- Column (B) Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.
- Column (C) Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).
- Column (D) Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
- Row (E) The totals from Columns (A) through (D), above, will auto-calculate. The totals of all columns will auto-populate field (E), Total Income.

Part IV - Income from Assets

See IHCDA's Compliance Manual for instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third-party verification forms or self-certification obtained for each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

- Column (F) List the type of asset (i.e., checking account, savings account, etc.)
- Column (G) Enter C (for current, if the family currently owns or holds the asset), or D (for disposed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification).
- Column (H) Enter the cash value of the respective asset. For Non-necessary Personal Property (NNPP) list the cash value of each asset as \$0 if the total combined cash value of all NNPP assets is \leq \$50,000. However, still list annual income from the asset in Column I even if value is \$0 in Column H.
- Column (I) Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate). If actual income can be determined, use actual income. If actual income cannot be determined AND net family assets exceed \$50,000, then calculate the imputed income for that asset instead using the current HUD-published passbook savings rate. .
- Column (J) Enter A if asset income for that asset is actual income or I if asset income for that asset is imputed.
- TOTAL (K) The total asset income (K) will auto-calculate.
- TOTAL (L) Total Annual Household Income From all Sources will auto-calculate adding fields (E) and (K) together.

HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Tenant Income Certification.

Part V – Determination of Income Eligibility

Total Annual Household Income from all Sources	The amount from item (L), Total Annual Household Income from All Sources, will auto-populate this field.
Current Income Limit per Family Size	Enter the Current Move-in Income Limit for the household size.
Household income at move-in Household size at move-in	For recertifications, only. Enter the household income from the move-in certification. On the adjacent line, enter the number of household members from the move-in certification.
Household Meets Income Restriction	Check the appropriate box for the income restriction that the household meets according to what is required by the set-aside(s) for the project.

Part VI - Rent

Tenant Paid Rent	Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).
Rent Assistance	Enter the amount of rent assistance, if any and check the box to indicate whether the rent assistance is tenant-based or project-based.
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Other non-optional charges	Enter the amount of <u>non-optional</u> charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Gross Rent for Unit	Enter the total of Tenant Paid Rent plus Utility Allowance plus tenant-based rental assistance plus other non-optional charges.
Maximum Rent Limit for this unit	Enter the maximum allowable gross rent for the unit.
Unit Meets Rent Restriction at	Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project.

SIGNATURE OF OWNER/REPRESENTATIVE

It is the responsibility of the owner or the owner's representative to sign and date this document immediately following execution by the resident(s). The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in compliance.

These instructions should not be considered a complete guide on HOME, HTF, CDBG, CDBG-D, or NSP compliance.