

# OOB & HOMEOWNER INCOME CERTIFICATION

Initial Certification    Recertification   Award # \_\_\_\_\_

Application Date \_\_\_\_\_

S106 Release Date \_\_\_\_\_

Construction Contract Date \_\_\_\_\_

## PART I – PROPERTY DATA

Address \_\_\_\_\_ (Street Address)                      County: \_\_\_\_\_  
 \_\_\_\_\_ (City, State, Zip)

## PART II- HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Gender	Date of Birth (MM/DD/YYYY)	Special Needs	Student of higher learning?	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/Pension	(C) Public Assistance	(D) Other Income
<b>TOTALS</b>				
Add totals from (A) thru (D) above			<b>TOTAL INCOME (E):</b>	

## 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
<b>NON-NECESSARY PERSONAL PROPERTY (NNPP):</b>					
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.					
<b>REAL PROPERTY</b>					
<b>TOTAL ASSET INCOME (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. 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:

80% 60%  
50% 40%  
30%

Current Income Limit per Family Size: \_\_\_\_\_

**SIGNATURE OF GRANT ADMINISTRATOR/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 OOR & Homeowner Income Certification is/are eligible under the provisions of 24 CFR Part 570 (CDBG) or 24 CFR Part 92 (HOME).

\_\_\_\_\_  
SIGNATURE OF GRANT ADMINISTRATOR/  
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 ROR/HOMEOWNER INCOME CERTIFICATION

*This form is to be completed by the grant recipient or administrator, or an authorized representative.*

## 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 - 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 IHCD'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 (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 IHCDAs 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 ≤\$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 calculated 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 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.

**SIGNATURE OF GRANT ADMINISTRATOR  
/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 or CDBG compliance.*