

PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: **\$ 5,490.00**
 From item (L) on page 1

Current Income Limit per Family Size: \$ 15,640.00

Household Income at Move-in: \$ 5,490.00

Household Meets Income Restriction at:

60% 50%
 40% 30%
 _____ %

RECERTIFICATION ONLY:
 Current Income Limit x 140%:
 \$ _____

Household Income Exceeds 140% at Recertification:
 Yes No

Household Size at Move-in: 1

PART VI. RENT

Tenant Paid Rent: \$ 447.00
 Utility Allowance: \$ 55.00

Rent Assistance: \$ _____
 Other non-optional charges: \$ 0.00

GROSS RENT FOR UNIT: **\$ 502.00**
 (Tenant paid rent plus Utility Allowance & other non-optional charges)

Unit Meets Rent Restriction at:

60% 50% 40% 30% _____

Maximum Rent Limit for this unit: \$ 502.00
 (as of recertification effective date)

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

Yes No

If yes, Enter student explanation* (also attach documentation)

Enter 1-5

*Student Explanation:

1. TANF assistance
2. Job Training Program
3. Single parent/dependent Child
4. Married/joint return
5. Former Foster Child

PART VIII. 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 <input type="checkbox"/> See Part V above.	b. HOME <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	c. Tax Exempt <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	d. AHDP <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	e. Other <input checked="" type="checkbox"/> Tax Credit, State Tax (Name of Program) <i>Income Status</i> <input checked="" type="checkbox"/> 60%, 40% <input type="checkbox"/> _____ <input type="checkbox"/> OI**
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** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

PART IX. HOUSEHOLD DEMOGRAPHIC

HH Mbr #	Race Code	Ethnicity Code	Disabled? (Y/N)
1		2	N
2			
3			
4			
5			
6			
7			

Race Code	
1	White
2	Black/African American
3	American Indian/Alaska Native
4	Asian
5	Native Hawaiian/other Pacific Island

Ethnicity Code	
1	Hispanic or Latino
2	Non-Hispanic or Latino

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)

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 under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

1/16/2010

DATE