

Effective Date: 03/01/2011

☐ Initial Certification   ☒ Recertification   ☐ Other \_\_\_\_\_

Move-In Date: 03/05/2007

(MM/DD/YYYY) \_\_\_\_\_

## PART I - DEVELOPMENT DATA

Property Name: River Glen Towers County:  BIN #: 1

Address: 430 S River Rd, Bedford,NH Unit. Number: 1 # Bedrooms: 1

## 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	Watkins	Julia	HEAD	01/01/1935	N	546-88-5100
2		Expected Addition - Pregnancy	D		N	- -
3						
4						
5						
6						
7						

**PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)**

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
1	\$55,000.00	\$0.00	\$0.00	\$0.00
2	\$0.00	\$0.00	\$0.00	\$0.00
3				
4				
5				
TOTALS	\$ 55,000.00	\$ .00	\$ .00	\$ .00

Add totals from (A) through (D), above

TOTAL INCOME (E):	\$	55,000.00
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## PART IV. INCOME FROM ASSETS

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
1	CD -	C	\$2,450.00	\$6.35

Enter Column (H) Total

If over \$5,000

TOTALS:	\$	2,450.00
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Passbook Rate  
2.00%

(J) Imputed Income

Enter the greater of the total of column I, or J: imputed income

**TOTAL INCOME FROM ASSETS (K)**

(L) Total Annual Household Income from all Sources [Add (E) + (K)]

55,006.35

## 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

\$ 55,006.35

Household Meets  
Income Restriction  
at:

☒ 60% ☐ 50%  
☐ 40% ☐ 30%  
\_\_\_\_\_ %

**RECERTIFICATION ONLY:**

Current Income Limit x 140%:

\$ 50,820.00

Household Income exceeds 140% at  
recertification:

☒ Yes ☐ No

Current Income Limit per Family Size: \$ 36,300.00

Household Income at Move-in: \$ 13,200.00

Household Size at Move-in: 1

**PART VI. RENT**

Tenant Paid Rent: \$ 350.81

Utility Allowance: \$ 35.19

Other non-optional charges: \$ .00

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

\$ 386.00

Maximum Rent Limit for this unit: \$ 851.00

Unit Meets Rent Restriction at:

☒ 60% ☐ 50% ☐ 40% ☐ 30% \_\_\_\_\_ %

Rent Assistance: \$ 418.20

**PART VII. STUDENT STATUS**

ARE ALL OCCUPANTS FULL TIME STUDENTS?

☐ Yes ☒ No

If YES, enter Student Status Exception by selecting any of the following  
that  
applies. (Also attach supporting documentation.)

- ☐ AFDC or TANF assistance  
☐ Foster Care  
☐ Enrolled in a Job Training Program/WIA  
☐ A Single parent with Dependent Child  
☐ Married Students filing a joint tax return

**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 ☒

b. HOME ☐

c. Tax Exempt ☐

d. AHDP ☐

e. Tax Credit, HUD §  
(Name of Program)

See Part V above.

Income Status

- ☐ ≤ 50% AMGI  
☐ ≤ 60% AMGI  
☐ ≤ 80% AMGI  
☐ OI\*\*

Income Status

- ☐ 50% AMGI  
☐ 60% AMGI  
☐ 80% AMGI  
☐ OI\*\*

Income Status

- ☐ 50% AMGI  
☐ 80% AMGI  
☐ OI\*\*

Income Status

- ☒ 60%, Extremely  
☐ \_\_\_\_\_  
☐ 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 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 property.

SIGNATURE OF OWNER/REPRESENTATIVE

2/15/2011

DATE