

# Appendix E

## Sample Forms

1. Annuity Verification
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4. Child (or spousal) Support Verification
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12. Management Telephone Clarification
13. Marital Separation Status Certification
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16. Physical Inspection Affidavit
17. Release of Information
18. Rental Application
19. Section 8 Verification
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21. Social Security Verification
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23. Tenant Income Certification
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**ANNUITY VERIFICATION**

TO: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBJECT: Verification of Information Supplied by an Applicant**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Social Sec. #:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

I hereby authorize release of my annuity information.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of a housing program that required verification of income. The information provided will remain confidential to satisfaction of that dated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

**INSURANCE AGENT / ADMINISTRATOR – PLEASE COMPLETE APPLICABLE SECTIONS**

Type of account:	Fixed	Deferred	Market Value:	\$ _____
	Variable	Life	Surrender or	
		Other	Withdrawal Fee:	\$ _____

Is this person receiving regular payments?  Yes  No

If yes, what is the gross amount? \$ \_\_\_\_\_ per (circle one) Month / Quarter / Other \_\_\_\_\_

Date benefits began: \_\_\_\_\_ Effective date of current amount: \_\_\_\_\_

Deductions from gross amount for medical insurance premiums: \$ \_\_\_\_\_

Total amount holder has invested in this account: \$ \_\_\_\_\_

Total amount holder has received in payments to date: \$ \_\_\_\_\_

If no, does the holder receive interest income?  Yes  No (Reinvested into account)

If yes or reinvested into account, what is the interest rate? \_\_\_\_\_%  Fixed  Variable

Is the holder able to withdraw the balance of the annuity/account?  Yes  No

If yes, what is the amount? \$ \_\_\_\_\_ What is the tax rate? \_\_\_\_\_%

Minus the penalty amount, if any \$ \_\_\_\_\_

Net amount of withdrawal: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent or Administrator:

Date: \_\_\_\_\_

\_\_\_\_\_  
Print your name:

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## ASSET VERIFICATION

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

From: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUBJECT: Verification of Information Supplied by an Applicant**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Social Sec. #:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

I hereby authorize release of my Section 8 information.

\_\_\_\_\_  
 Signature of Applicant/Tenant

\_\_\_\_\_  
 Date

The individual named directly above is an applicant/tenant of a housing program that required verification of income. The information provided will remain confidential to satisfaction of that dated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
 Project Owner/Management Agent

**TO BE COMPLETED BY THE INSTITUTION MANAGING THE ASSET ACCOUNT:**

Please provide complete information on all assets held by the above named person(s). Include information on any and all **STOCKS, BONDS AND SECURITIES**. (Use an additional verification form if necessary.)

Type of Asset	Date Purchased	# of Shares	Price/Share	Dividend/Share	Earnings in last year

Please provide complete information on all assets held by the above named person(s). Include information on any and all **PENSION, ANNUITY, RETIREMENT, 401K, LIFE INSURANCE, TRUST FUND, OR OTHER ASSETS**.

Type of Asset	Date Purchased if applicable	Cash Value	Dividend / Interest Rate	Earnings in last year

Are any of the above assets held jointly and/or to the benefit of anyone other than the person listed above? Yes:  No:   
 If 'yes', please explain: \_\_\_\_\_

If this is a pension or retirement plan, can any portion of this plan be withdrawn without retiring or terminating employment?  
 Yes:  No:  If 'yes', what amount can be withdrawn? \_\_\_\_\_

What costs would be incurred to liquidate this asset? \_\_\_\_\_

**Signature of Person**

**Verifying Information:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **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

## BANK VERIFICATION

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

From: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUBJECT: Verification of Information Supplied by an Applicant**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Social Sec. #:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

I hereby authorize release of my bank account information.

\_\_\_\_\_  
 Signature of Applicant/Tenant

\_\_\_\_\_  
 Date

The individual named directly above is an applicant/tenant of a housing program that required verification of income. The information provided will remain confidential to satisfaction of that dated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
 Project Owner/Management Agent

### TO BE COMPLETED BY THE BANK OR OTHER FINANCIAL INSTITUTION:

Please provide complete information on all accounts held by the above named person(s). Include information on any and all **CHECKING, SAVINGS, IRA, KEOGH, CERTIFICATES OF DEPOSIT, MUTUAL FUNDS, MONEY MARKET, ETC.** (Use an additional verification form if necessary.)

Type of Account	Account Number	Date Opened	Current Balance	* 6 month Average Balance on Checking	Current Interest Rate
1.					
2.					
3.					
4.					

*\* 6 month average balance needed for checking accounts only.*

Are any of the above accounts held jointly and/or to the benefit of anyone other than the person listed above? Yes:  No:   
 If 'yes', describe (with whom, which accounts & % ownership): \_\_\_\_\_

Does the above named person rent a SAFE DEPOSIT BOX at your institution? Yes:  No:

Signature of Person  
 Verifying Information: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_



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## CHILD (or SPOUSAL) SUPPORT CERTIFICATION

Please check either 'A', 'B' or 'C' below as appropriate. Indicate which child(ren) the statement applies or indicate 'self' if the statement applies to you with regards to spousal support.

A. [ ] I am **not court ordered** to receive child support, spousal support or other compensation pursuant to any court order or non-court ordered private agreement. I am not in the process of seeking any monies for support and do not anticipate doing so within the next 12 months. **I am not entitled to receive support for the following reason.**

\_\_\_\_\_

This statement applies to: \_\_\_\_\_

B. [ ] Although I am **not currently entitled** to receive child support, spousal support or other compensation pursuant to any court order, **I believe that I will receive such an order within the next 12 months.** I expect to receive \$ \_\_\_\_\_ per month commencing on \_\_\_\_\_ 20\_\_\_\_.

This statement applies to: \_\_\_\_\_

C. [ ] I am **court ordered** to receive child support, spousal support or other compensation pursuant to a court order in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_ (week/bi-week/month). (Attach supporting documents or provide name of county and case number where filed.) However, **I do not expect to receive the full amount of money** due me because:

\_\_\_\_\_

This statement applies to: \_\_\_\_\_

D. [ ] **I hereby certify that I have taken all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment. (must attach a printout from the court showing child support payment history for previous 12 months.)**

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**Under penalties of perjury**, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

Witnessed and accepted by an authorized agent of the owner this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness



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**APPLICANT CRIMINAL BACKGROUND CHECK  
RELEASE AND AUTHORIZATION FORM**

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ or other authorized representative of the apartment community bearing this release, or copy thereof, to obtain any information pertaining to criminal court records. I hereby direct you to release such information to \_\_\_\_\_ or other authorized representative of the apartment community.

I, \_\_\_\_\_ hereby fully release and discharge \_\_\_\_\_, their employees, agents, attorney, and their respective affiliates from all claims and damages arising out of or relating to any investigations of my background for residency at \_\_\_\_\_.

Name: \_\_\_\_\_  
First, Middle, Last – Print clearly

Current Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zipcode

How long at this address?

Previous Address (if less than one year at above address):

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zipcode

Other Name / Alias / Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Have you ever been convicted for any crime, including sex-related or child-abuse related offenses? \_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, please provide detailed explanation on the back.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## DISPOSAL OF ASSETS CERTIFICATION

I, \_\_\_\_\_ hereby certify that during the two year (24 months) period preceding the effective date of my certification or recertification of eligibility for tax credit housing participation, I have disposed of the following asset(s) as identified below, (i.e., sold home, closed accounts, sold stock, etc.)

A ASSET	B CASH VALUE*	C DATE DISPOSED	D ACTUAL AMOUNT RECEIVED

If you state in column D that you received money, where is the money now? *(Please provide receipts if possible)*

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• **CASH VALUE** is the market value of asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

1. Penalties for withdrawing funds before maturity
2. Broker/legal fees for the sale or conversion of assets
3. Settlement costs for real estate transaction

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)



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# EMPLOYMENT VERIFICATION

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT**

TO: (Name & address of employer) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_ Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

\_\_\_\_\_  
Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

**Return Form To:**

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ through \_\_\_/\_\_\_/\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature Employer's Printed Name Date

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone # Fax # E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**LEASE ADDENDUM FOR UNITS  
PARTICIPATING IN GOVERNMENTAL REGULATED  
AFFORDABLE HOUSING PROGRAMS**

1. **ADDENDUM.** This is an addendum to the lease contract executed by \_\_\_\_\_, the resident(s), of the dwelling you have agreed to rent. That dwelling is described as: Apt. # \_\_\_\_\_ located at

\_\_\_\_\_  
(name of community)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city, state, zip)

2. **PARTICIPATION IN GOVERNMENT PROGRAM.** We, as the agents for the dwelling you are renting, are participating in a government regulated affordable housing program. This program requires both you and us to verify certain information and to agree to certain provisions contained in this addendum.

3. **ACCURATE INFORMATION IN APPLICATION.** By signing this addendum, you are certifying that the information provided in the supplemental rental application regarding your household annual income and assets is true and accurate.

4. **FUTURE REQUEST FOR INFORMATION.** By signing this addendum, you agree that the annual income and other eligibility requirements for participation in this government regulated affordable housing program are substantial and material obligations under the Lease Contract. You agree to comply promptly with all requests for information regarding annual income and eligibility, including requests by the owner/agent and the appropriate government monitoring agency. These requests may be made to you now and any time during the Lease Contract term or renewal period. If during the recertification process, your income increases to the point of exceeding 140% of the area median income, the owner may terminate your lease for noncompliance of income limits in a rent-restricted unit or you may be required to move to a market rate unit if the property you reside at offers such.

5. **INCOME INCREASES.** By signing this addendum you understand that your income is allowed to increase up to 140% of the current applicable income limit and still remain income eligible. If your income increases above 140% of the maximum allowable income as governed by the housing Credit Program, management may increase your rent to the maximum Housing Credit rent with a \_\_\_\_\_ day notice.

6. **INACCURATE INFORMATION AS GROUNDS FOR EVICTION.** If you refuse to answer or if you do not provide accurate information in response to these requests, it will be considered a substantial violation of the Lease Contract and you can be evicted. It makes no difference whether the inaccuracy of the information you furnished was intentional or unintentional.

7. **HOUSEHOLD STUDENT STATUS.** Program requirements state that full-time student must meet certain eligibility requirements to be program qualified. By signing this addendum, you agree that if any adult household member becomes a full-time student during the lease period or your current full-time student status changes, you must immediately notify management. At such time your continuing compliance to program requirements will be reviewed. If it is determined that your no longer qualify for the program management will issue a 30 day notice to vacate the unit.

8. **ANNUAL INSPECTIONS.** By signing this addendum, you are agreeing to allow the Owner/Agent to due periodic inspections of your unit with prior 24-hour notice, except when emergency situations make such notices impossible.

Resident(s)

AGENT:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## LEASE RENEWAL ADDENDUM

WHEREAS, (Insert Property), Lessor and (Insert Tenant), Lessee heretofore entered into a rental agreement, dated \_\_\_\_\_ herein called "Original Agreement", pursuant to which (Insert Property) furnished for Lessee the following apartment unit: \_\_\_\_\_, and,

WHEREAS, Lessor and Lessee desire at this time to further extend and amend said original agreement as hereinafter set forth.

NOW THEREFORE, it is mutually agreed that the "Original Agreement" shall be further extended and amended as follows:

- a. The length of the lease term is \_\_\_\_\_ months, from \_\_\_\_\_ to \_\_\_\_\_.
- b. The Lessee shall pay rent for the full term in the sum of \_\_\_\_\_ dollars, (\$\_\_\_\_\_), payable in equal consecutive monthly installments of \_\_\_\_\_ dollars (\$\_\_\_\_\_).
- c. Any deposits under "Original Agreement" shall continue in effect for the period of the lease term.

WHEREAS, all the terms and provisions of said "Original Agreement" except as herein modified, are to remain in full force and effect and are made a part of this Renewal Agreement.

WHEREAS, The parties hereto agree to the above conditions and covenants, by their respective signatures hereafter. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

_____ Tenant:	_____ Landlord:
_____ Tenant:	_____ By:
_____ Tenant:	_____ By:



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**LIVE-IN CARE ATTENDANT CERTIFICATION**

Re: \_\_\_\_\_

I, \_\_\_\_\_, duly state the following:

1. I am/will be residing with \_\_\_\_\_.
2. I am **ESSENTIAL** to the care and well-being of said person.  
Please provide verification of need by said person’s healthcare professional or case manager.
3. I am **NOT** obligated or responsible for the financial support of said person.
4. I would not otherwise be living in the unit **EXCEPT** to provide the necessary supportive care services for said person.
5. I understand that I have no rights to the apartment unit that will be/is rented to said person, however, I understand that I must abide by the lease agreement signed by the said person. If said person vacates the residence for **ANY REASON**, I will vacate premises as well. I understand that if I would like to occupy an apartment, I will be required to complete the Certification Process on my own accord.

**Under penalties of perjury**, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

\_\_\_\_\_  
Signature of Live-in Care Attendant

\_\_\_\_\_  
Date

Subscribed and sworn to before me under oath OR Witnessed and accepted by an authorized agent of the owner this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public OR Witness

\_\_\_\_\_  
Printed Name of Notary Public OR Witness

IF Notary -

Notary Public, State of \_\_\_\_\_ My commission expires \_\_\_\_\_, 20\_\_\_\_.



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## TELEPHONE CONVERSATION / MANAGEMENT CLARIFICATION REPORT

Applicant/Residents Name: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Contact  Phone Call

In Person

Other:  
\_\_\_\_\_

Name of other party: \_\_\_\_\_

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of tax credit housing, this statement is provided as witness to telephone verification.

I hereby swear that the following information is an accurate and complete summary to the best of my knowledge.

\_\_\_\_\_  
Employee Contact Signature

Reason for Contact: \_\_\_\_\_

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Summary: (State all questions asked and full responses received. Attach additional pages as needed).

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## MARITAL SEPARATION STATUS CERTIFICATION

Please check either 'A' or 'B' below as appropriate with regard to your marital status:

PART A:

I, \_\_\_\_\_, duly state that I am currently legally separated from my spouse, and have attached a copy of my current legal separation agreement.

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PART B:

I, \_\_\_\_\_, duly state that I am currently separated from my spouse, but have NOT taken any legal action with regard to my marital status. I also state that the following conditions apply to my situation:

1. MY REASONS FOR NOT PURSUING LEGAL ACTION ARE \_\_\_\_\_  
\_\_\_\_\_
  2. MY FUTURE PLANS FOR PURSUING LEGAL ACTION ARE \_\_\_\_\_  
\_\_\_\_\_
  3. INCOME AND ASSET DETERMINATION:
    - a. I currently receive \$\_\_\_\_\_ per \_\_\_\_\_ from my spouse. I do not receive any other support from my spouse.
    - b. I understand that all assets owned by my spouse OR myself, will be counted as joint accounts until legal documentation that states otherwise can be obtained.
  4. REPORTING AND LEASE REQUIREMENTS:
    - a. I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, asset amounts, household composition and marital status.
    - b. I will not allow my spouse or any other individual to move into my apartment without PRIOR approval from management. I understand that if I do, this will be a breach of my lease and that eviction proceedings will begin immediately.
- 
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**Under penalties of perjury**, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

Subscribed and sworn to before me under oath OR Witnessed and accepted by an authorized agent of the owner this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public OR Witness

\_\_\_\_\_  
Printed Name of Notary Public OR Witness

IF Notary -

Notary Public, State of \_\_\_\_\_ My commission expires \_\_\_\_\_, 20\_\_\_\_.



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## TENANT NON-EMPLOYED STATUS CERTIFICATION

Applicant Name: \_\_\_\_\_ Unit # \_\_\_\_\_(if applicable):

In connection with the completion of the application/recertification I confirm that I am not now employed in any capacity:

[ ]

- I have no intention of becoming employed in the next 12 months.
- I am not under any affirmative obligation to obtain employment.
- I do not receive unemployment compensation or other benefits as a result of my non-employment status.

[ ]

- I do intend on becoming employed in the next 12 months.  
I have been hired and expect to begin employment with \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I anticipate earning \$ \_\_\_\_\_ over the next 12 months.

In addition to my employment status the following applies to my household income:

[ ]

- I do receive unearned income.  
(verification required)

[ ]

- I do not receive unearned income.

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency at the above named apartments and that any misrepresentation herein will be considered a material breach of the lease agreement and subjects me to immediate eviction.

Under penalties of perjury, I certify the above representations to be true as of the date shown below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**SUPPORTING DOCUMENT FROM PUBLIC HOUSING AUTHORITY  
FOR RESIDENTS/APPLICANTS RECEIVING SECTION 8 HOUSING ASSISTANCE PAYMENTS**

In accordance with IRS Regulation 1.42-5 (b)(vii) the following is submitted as documentation to support the low-income tenant income certification for the following resident/applicant, in the case of a resident/applicant receiving housing assistance payments under Section 8, of the United States Housing Act of 1937.

**TO BE COMPLETED BY OWNER/OWNER REPRESENTATIVE**

Building Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_

Social Security Number (last four digits) of head: \_\_\_\_\_

The applicable income limit under section 42(g) for family size of \_\_\_\_\_ residing in the County of \_\_\_\_\_ is \$ \_\_\_\_\_ on \_\_\_\_\_ (effective date of applicable income limit).

**TO BE COMPLETED BY PUBLIC HOUSING AUTHORITY REPRESENTATIVE**

The above named applicant/resident's income does not exceed the applicable income limit under Internal Revenue Code Section 42(g). The household's gross income (before allowances) is \$ \_\_\_\_\_.

\_\_\_\_\_  
PHA Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address



## Example AFFIDAVIT

I \_\_\_\_\_, being of sound mind and at least 18 years of age, affirm that I have personal knowledge of the facts described in this Affidavit and that the following statements are true:

I am \_\_\_\_\_ [state position of authority or relationship with the property, tenant, official, or organization that is required to respond].

On \_\_\_\_\_, I received a report of deficiencies that were identified by \_\_\_\_\_ [State name of inspection agency who conducted the inspection], in the inspection report dated \_\_\_\_\_.

I have conducted a diligent investigation of the reported deficiencies and have confirmed that all of those deficiencies have been corrected in reference to:

\_\_\_\_\_  
Name of Development

( \_\_\_\_\_ ) and the inspection report  
Building Identification Number (BIN) and/or Award Number  
Identified above.

I affirm, under penalties of perjury, that the forgoing representations are true.

\_\_\_\_\_  
Authorized Signatories' Signature:

Address:

City, State, Zip:

Telephone Number:

\_\_\_\_\_  
Date

**COVER SHEET / FAX TRANS.**  
**AUTHORIZATION TO RELEASE INFORMATION**

Date: \_\_\_\_\_  
 Number of pages including cover sheet: \_\_\_\_\_

To be completed by office:

Applicant, do not write in this Section.

**To:**  
 Attn.: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**From:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

The undersigned individual(s) has applied for residency at \_\_\_\_\_. The property is operated under the LIHTC program within Section 42 of the Internal Revenue Code, which requires that we obtain written confirmation of the income of all applicants and other household members. In order to comply with Federal regulations requesting verification of all income, assets and allowances for residents of LIHTC housing, please complete the following form in full and return it to the sender at your earliest convenience.

**The undersigned understands that, depending on program policies and requirements, previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include but are not limited to:**

Credit and Criminal Activity	Identity and Marital Status	Residences and Rental Activity
Employment, Income, and Asset	Medical Allowances	Student Status

**The groups or individuals that may be asked to release/verify the above information (depending on program requirements) include but are not limited to:**

Courts and Post Offices	Past and Present Employers	Utility Companies
Law Enforcement Agencies	State Unemployment Agencies	Credit Providers and Bureaus
Medical Providers	Veterans Administration	Welfare Agencies
Retirement Systems	Social Security Administration	Internal Revenue Service
Banks and Other Financial Institutions	Previous Landlords (Including PHA's)	

**I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for two years from the date signed. I/we understand I/we have a right to review my/our file and correct any information that can proven is incorrect.**

**The undersigned hereby authorizes the release of any information requested in order to determine my/our eligibility for the LIHTC program.**

To be completed by applicant

Applicant/Resident Name (Printed): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Authorizing Signature: \_\_\_\_\_

Co-Applicant/Co-Resident Name (Printed): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Authorizing Signature: \_\_\_\_\_



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.

NAME OF APARTMENT COMMUNITY: \_\_\_\_\_

APARTMENT NUMBER: \_\_\_\_\_ RENT AMT: \_\_\_\_\_ QUALIFY AT \_\_\_\_\_ %

NAME OF CO-APPLICANT (if applicable – additional application must be completed) \_\_\_\_\_

\_\_\_\_ NEW APPLICATION      \_\_\_\_ HOUSEHOLD ADDITION      \_\_\_\_ TRANSFER

(Please Print)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

A) Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

B) Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

C) Marital Status: Divorced / Widowed / Married / Single / Separated

D) Driver's License # and State: \_\_\_\_\_

**HOUSEHOLD COMPOSITION List all persons that will be occupying the unit.**

Full Name	Relationship to Head of Household	Birth Date	Social Security Number	Employed	Student
	Head of Household		- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N
			- -	Y / N	Y / N

**RENTAL HISTORY -- Last Two Years**

Use Additional sheet if necessary

D) Present Landlord Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ ZIP: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_ Related? Y/N How? \_\_\_\_\_

E) Previous Address: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ ZIP: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_ Related? Y/N How? \_\_\_\_\_

F) Previous Address: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ ZIP: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_ Related? Y/N How? \_\_\_\_\_

- 1)    yes    no    Have you or any household member ever been convicted of a felony?
- 2)    yes    no    Have you ever been evicted? Reason: \_\_\_\_\_
- 3)    yes    no    Have you or any household member been arrested/convicted of a drug related crime?
- 4)    yes    no    Does anyone not listed in the household composition on page one plan to live with you in the next 12 months?  
If yes, explain \_\_\_\_\_
- 5)    yes    no    Will the Household be receiving Section 8 housing assistance?  
(If yes list agency name, contact person and phone number.)  
  
\_\_\_\_\_
- 6)    yes    no    Are there any absent household members who under normal conditions would live with you?
- 7)    yes    no    Does an adult of this household have primary physical custody of every child listed on this application?
- 8)    yes    no    Does your household have or anticipate having any pets other than those used as a service animal?
- 9)    yes    no    Does anyone in your household have special needs?  
If yes explain? \_\_\_\_\_

**CREDIT REFERENCES**

Loans: \_\_\_\_\_

Credit Cards: \_\_\_\_\_

Other: \_\_\_\_\_

**CHARACTER REFERENCES**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY CONTACT NUMBER**

In case of emergency, notify: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Applicant certifies the above information is true and accurate and understands that false or inaccurate information shall be cause for denial of this application or termination of any subsequent rental agreements. I/We are the only person(s) who will reside in the apartment if this application is approved. Apartment owner or agents may verify all information given directly or through reporting agencies. Acceptance of the application is not binding on apartment owner or agent until approved in writing.

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit Program. This Program requires us to certify all of your income asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. The undersigned is the person(s) named above and hereby authorizes Apartment Credit Services to conduct a search of my Criminal Record, Police Record and Motor Vehicle Record information for the purpose of obtaining housing. Additionally, I authorize all companies and law enforcement agencies to release such information, and release them from any liability and responsibility from doing so. A faxed copy of this authorization shall be as valid as the original.

If applicant cancels after two (2) days, all moneys deposited shall be forfeited to the apartment owner. If approved all moneys deposited with this application will be applied toward security deposit and/or processing fee at owner's discretion. If an application is denied for ANY reason a 90-day wait period is required before reapplying to this property.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent for \_\_\_\_\_:

Agent's Signature: \_\_\_\_\_ 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.

## SECTION 8 ELIGIBILITY VERIFICATION

TO: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBJECT: Verification of Information Supplied by an Applicant**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Social Sec. #:** \_\_\_\_\_

**Account #:** \_\_\_\_\_

I hereby authorize release of my Section 8 information.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of a housing program that required verification of income. The information provided will remain confidential to satisfaction of that dated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

---

The total annual gross income for the above-named household, as verified by this Public Housing Authority is:

\$ \_\_\_\_\_

Amount of rent applicant will be responsible for: \_\_\_\_\_

Number of household members \_\_\_\_\_

Certificate or Voucher (circle one)

Signature of PHA Worker: \_\_\_\_\_

Name of PHA: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_



**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.**

## TENANT SELF EMPLOYMENT CERTIFICATION

Name of Self Employed Person(s): \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Soc. Sec. Number(s): \_\_\_\_\_  
Address: \_\_\_\_\_

For the purposes of this form, income will be defined as net income from the operation of a business or profession, including cash withdrawals from the business for use by you or any family member. In determining net income, do not deduct depreciation, payments made to expand the business or principal payments on debt.

Occupation (Type of Business): \_\_\_\_\_

How long have you been in this business? \_\_\_\_\_

Anticipated income for the next 12 months? \_\_\_\_\_

Income earned from the past 12 months? \_\_\_\_\_

Income earned in the previous 13-24 months? \_\_\_\_\_

Please comment on how you arrive at your projection for the upcoming year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must attach a **SIGNED** copy of your Federal Tax Return for the two most recent fiscal years.

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**Under penalties of perjury**, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

Witnessed and accepted by an authorized agent of the owner this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name Witness



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.

**SOCIAL SECURITY VERIFICATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBJECT: Verification of Information Supplied by an Applicant**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Social Sec. #:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

I hereby authorize release of my social security information.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of a housing program that required verification of income. The information provided will remain confidential to satisfaction of that dated purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_  
Project Owner/Management Agent

=====  
Indicate information needed by checking spaces below:

\_\_\_\_\_ The gross amount of the monthly social security benefit is: \$ \_\_\_\_\_

\_\_\_\_\_ The amount deducted for Medicare is: \$ \_\_\_\_\_

\_\_\_\_\_ The net amount of social security check each month is: \$ \_\_\_\_\_

\_\_\_\_\_ The above amount became effective \_\_\_\_\_  
Month Year

\_\_\_\_\_ The monthly amount of the supplemental security income payment: \$ \_\_\_\_\_

\_\_\_\_\_ The above amount became effective \_\_\_\_\_  
Month Year

\_\_\_\_\_ Other information needed - please specify on reverse side.

=====  
COMPLETE ONLY IF YOU ARE UNABLE TO VERIFY INFORMATION REQUESTED.

\_\_\_\_\_ Claim still pending

\_\_\_\_\_ No record based on identifying information

\_\_\_\_\_ Other - explain: \_\_\_\_\_

=====  
**Signature of Authorized Social Security Official:** \_\_\_\_\_

Printed Name of Authorized Official: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_



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.

## STUDENT VERIFICATION

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT**

This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:

Project Name: \_\_\_\_\_

Building Address: \_\_\_\_\_

Unit Number if assigned: \_\_\_\_\_

**I hereby grant disclosure of the information requested below from** \_\_\_\_\_

Name of Educational Institution

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student ID#

**Return Form to:**

**THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION**

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

**Is the above-named individual a student at this educational institution?    YES    NO**

**Grades:    Elementary    Jr. High    High School    College    Grad School**

**Other:** \_\_\_\_\_

**If so, part-time or full-time?    PART-TIME    FULL-TIME**

**If full-time, the date the student enrolled as such:** \_\_\_\_\_

**Expected date of graduation:** \_\_\_\_\_

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.



Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

Tel. #: \_\_\_\_\_

Title: \_\_\_\_\_

Educational Institution: \_\_\_\_\_

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**NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**



# TENANT INCOME CERTIFICATION

Initial Certification  
  Recertification  
  Other \_\_\_\_\_

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

## PART I - DEVELOPMENT DATA

Property Name: \_\_\_\_\_ County: \_\_\_\_\_ BIN #: \_\_\_\_\_  
 Address: \_\_\_\_\_ 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)	F/T Student (Y or N)	Social Security or Alien Reg. No.
1			HEAD			
2						
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
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____	\$ _____

Add totals from (A) through (D), above TOTAL INCOME (E): \$ \_\_\_\_\_

## PART IV. INCOME FROM ASSETS

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
<b>TOTALS:</b>			\$ _____	\$ _____
Enter Column (H) Total		Passbook Rate	= (J) Imputed Income	
If over \$5000		\$ _____ X 2.00%	\$ _____	
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**

**RECERTIFICATION ONLY:**

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1

\$

Household Meets Income Restriction at:

- 60%    50%  
 40%    30%  
 \_\_\_\_\_%

Current Income Limit x 140%:  
\$ \_\_\_\_\_

Household Income exceeds 140% at recertification:  
 Yes    No

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

Household Income at Move-in: \$ \_\_\_\_\_

Household Size at Move-in: \_\_\_\_\_

**PART VI. RENT**

Tenant Paid Rent \$ \_\_\_\_\_  
 Utility Allowance \$ \_\_\_\_\_

Rent Assistance: \$ \_\_\_\_\_  
 Other non-optional charges: \$ \_\_\_\_\_

GROSS RENT FOR UNIT: (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: \$ \_\_\_\_\_

**PART VII. STUDENT STATUS**

ARE ALL OCCUPANTS FULL TIME STUDENTS?

- yes    no

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

Enter 1-4

\*Student Explanation:

- 1 TANF assistance
- 2 Job Training Program
- 3 Single parent/dependent child
- 4 Married/joint 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. \_\_\_\_\_   
 (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*

- \_\_\_\_\_  
 \_\_\_\_\_  
 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 Project.

\_\_\_\_\_  
 SIGNATURE OF OWNER/REPRESENTATIVE

\_\_\_\_\_  
 DATE

# 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.

BIN # Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609).

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	F	-	Foster child(ren)/adult(s)
L	-	Live-in caretaker	N	-	None of the above

Enter the date of birth, student status, and social security number or alien registration number 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.*

## Part III - Annual Income

**See HUD Handbook 4350.3 for complete 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) Add the totals from columns (A) through (D), above. Enter this amount.

#### Part IV - Income from Assets

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third party verification forms obtained from 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 I (for imputed, 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.

Column (I) Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).

TOTALS Add the total of Column (H) and Column (I), respectively.

If the total in Column (H) is greater than \$5,000, you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by 2% and enter the amount in (J), Imputed Income.

Row (K) Enter the greater of the total in Column (I) or (J)

Row (L) Total Annual Household Income From all Sources Add (E) and (K) and enter the total

#### 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. For move-in, it is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification.

#### Part V – Determination of Income Eligibility

Total Annual Household Income from all Sources Enter the number from item (L).

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.

Current Income Limit x 140% For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% of the current income limit, then the available unit rule must be followed.

## 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.
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 and 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.

## Part VII - Student Status

If all household members are full time\* students, check “yes”. If at least one household member is not a full time student, check “no”.

If “yes” is checked, the appropriate exemption must be listed in the box to the right. If none of the exemptions apply, the household is ineligible to rent the unit.

*\*Full time is determined by the school the student attends.*

## Part VIII – Program Type

Mark the program(s) 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. If the property does not participate in the HOME, Tax-Exempt Bond, Affordable Housing Disposition, or other housing program, leave those sections blank.

Tax Credit	See Part V above.
HOME	If the property participates in the HOME program and the unit this household will occupy will count towards the HOME program set-asides, mark the appropriate box indicating the household’s designation.
Tax Exempt	If the property participates in the Tax Exempt Bond program, mark the appropriate box indicating the household’s designation.
AHDP	If the property participates in the Affordable Housing Disposition Program (AHDP), and this household’s unit will count towards the set-aside requirements, mark the appropriate box indicating the household’s designation.
Other	If the property participates in any other affordable housing program, complete the information as appropriate.

## 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 tax credit compliance.

*These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.*

## TENANT INCOME CERTIFICATION QUESTIONNAIRE

NAME: _____	( )	TELEPHONE NUMBER: _____
<input type="checkbox"/> Initial Certification		BIN # _____
<input type="checkbox"/> Re-certification		
<input type="checkbox"/> Other		Unit # _____

### INCOME INFORMATION

YES	NO		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	I/we am self employed. (List nature of self employment) _____	(use <u>net</u> income from business) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:  <div style="text-align: center;"><u>Name of Employer</u></div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic social security payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we am/are currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive alimony/spousal maintenance payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ \$ _____ 2) _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive income from real or personal property.	(use <u>net</u> earned income) \$ _____

### ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

<input type="checkbox"/>	<input type="checkbox"/>	I/we have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have an IRA/Lump Sum Penion/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a whole life insurance policy. If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have cash on hand.		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years.  If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

**STUDENT STATUS**

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are all <u>full-time</u> students (1 <sup>st</sup> grade and higher. Examples: Elementary, High School, College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to either of the previous two questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Married and filing a joint tax return</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual</li> </ul>

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE



**UNBORN CHILD CERTIFICATION**

Date: \_\_\_\_\_ Apt: \_\_\_\_\_

Households Name: \_\_\_\_\_

\_\_\_\_\_  
I, \_\_\_\_\_, HEREBY CERTIFY THAT I AM NOW PREGNANT.

My expected due date is: \_\_\_\_\_

**Under penalties of perjury**, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

Subscribed and sworn to before me under oath OR Witnessed and accepted by an authorized agent of the owner this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public OR Witness

\_\_\_\_\_  
Printed Name of Notary Public OR Witness

IF Notary -

Notary Public, State of \_\_\_\_\_ My commission expires \_\_\_\_\_, 20\_\_\_\_.



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.

## UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$5,000.  
Complete only one form per household; include assets of children.

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

**Complete all that apply for 1 through 4:**

1. My/our assets include:

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2.  Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred).
3.  I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4.  I/we do not have any assets at this time.

**The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the annual income from the net family assets is \$ \_\_\_\_\_ . This amount is included in total gross annual income.**

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Tenant

\_\_\_\_\_  
Date



## CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate.)

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.
  
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
  
3. I will be using the following sources of funds to pay for rent and other necessities: \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date



## Application for Re-certification Waiver Information

### Development Information

Development Name: \_\_\_\_\_

Development BIN#: \_\_\_\_\_

Development Address: \_\_\_\_\_

Development Phone Number: \_\_\_\_\_

Development County: \_\_\_\_\_

Number of Buildings in Development: \_\_\_\_\_

### Owner Information

Ownership Entity Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner TIN#: \_\_\_\_\_

Owner Contact Name: \_\_\_\_\_

Owner Contact Address: \_\_\_\_\_

Owner Telephone Number: \_\_\_\_\_

Owner E-mail Address: \_\_\_\_\_

### Management Information

Management Company Name: \_\_\_\_\_

Management Address: \_\_\_\_\_

Management Contact Name: \_\_\_\_\_

Management Phone Number: \_\_\_\_\_

Management Contact E-mail: \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signatory**

\_\_\_\_\_  
**Date**

# Sample Form

(DATE)

Indiana Housing and Community Development Authority  
Attn: Multi-Family Manager  
30 South Meridian Street, Suite 1000  
Indianapolis, IN 46204

Re: (Development Name)  
(BIN#)  
(Name of Ownership Entity)  
(Owner's TIN#)

Pursuant to Section 42(g)(8)(B), the owner of the above-referenced property, \_\_\_\_\_ (the "Owner") hereby requests authorization from the Indiana Housing and Community Development Authority (IHCDA) to apply for the annual income re-certification waiver for the captioned property.

Owner recognizes that there is not a guarantee the Internal Revenue Service (IRS) will issue a waiver in response to our request.

Owner understands that IHCDA will continue to require an annual certification of student status under its monitoring procedure and the waiver does not exempt the Owner from the record keeping and certification requirements of Section 1.42-5 for the verification of annual income of a tenant upon the tenant's initial occupancy of any unit in the building.

Owner is still obligated to continue the annual re-certification of tenant income/assets until a waiver acceptance notice is received from the Internal Revenue Service.

The completed and signed "Application for Re-certification Waiver Information" form and application fee of \$150.00 is enclosed.

Sincerely,

(Authorized signatory)  
(Entity Name)