

# RECERTIFICATION FORM

(For CDBG, CDBG-D, and NSP Rental Units)

Effective Date: \_\_\_\_\_  
 Move-in Date: \_\_\_\_\_  
 (MM/DD/YYYY)  
 Total Household Size at Move-in: \_\_\_\_\_  
 Total HH Income at Move-in: \$ \_\_\_\_\_

## PART I - DEVELOPMENT DATA

Property Name: \_\_\_\_\_ County: \_\_\_\_\_ BIN #: \_\_\_\_\_  
 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									
7									

## PART III. RENT

Tenant Paid Rent \$ _____  Utility Allowance \$ _____  GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges) \$ <span style="border: 2px solid black; padding: 5px; display: inline-block; width: 150px; height: 40px; vertical-align: middle;"></span> Maximum Rent Limit for this unit: \$ _____	Tenant-based Rent Assistance: \$ _____  Project-based Rent Assistance: \$ _____  Other non-optional charges: \$ _____  Unit Meets Income Restriction(at time of move-in) at: <input type="checkbox"/> 80% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30%  Unit Meets Rent Restriction at: <input type="checkbox"/> 80% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30%
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## HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine continuing eligibility. 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      \_\_\_\_\_  
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 RECERTIFICATION EXEMPTION FORM  
(100% TAX CREDIT PROJECT)**

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

*This form can only be used for recertifications in 100% Tax Credit projects. If the household size changes within the first 3 months after move-in, the Tenant Income Certification form should be used. This form can also only be used to recertify Tax Credit only units. Units with HOME funds, Tax Exempt Bond funds, AHDP funds, or Other program funds must do a complete recertification for the unit using the Tenant Income Certification form.*

**Part I - Development Data**

Move-in Date	Enter the date the tenant has or will take occupancy of the unit.
Effective Date	Enter the effective date of the recertification. The effective date should be the anniversary date of move-in for each of the subsequent years.
Total Household Size at Move-in	Enter the number of members in the household at move-in.
Total Household Income at Move-in	Enter the total household income at move-in (as reflected on move-in TIC)
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).
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, special needs code, gender, 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) VDV - Victims 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 disclosed

For ethnicity, please use the following underlined code:

- 1) H- Hispanic or Latino
- 2) NH- Not Hispanic or Latino

### Part III - 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. If none of the exemptions apply, the household is ineligible to continue to rent the unit.

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

### Part IV - 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.
Unit Meets Income Restriction at	Check the appropriate income restriction that the unit meets according to what is required by the set-aside(s) for the project.
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.

### HOUSEHOLD CERTIFICATION AND SIGNATURES

Each household member age 18 or older must sign and date the 100% Recertification Exemption form within 120 days on or prior to the anniversary of the effective date of the initial certification.

#### 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 continuing eligibility (including completing and signing the 100% Recertification Exemption 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.*