

HOME TBRA PROGRAM TENANT INCOME CERTIFICATION

☐ Initial Certification ☐ Recertification

Effective Date: _____

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

PART I - DEVELOPMENT DATA

County: _____ TBRA Award #: _____ 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) | Race | Ethnicity | Student of higher learning? |
|-------------|-----------|--------------------------------|---|--------|-------------------------------|------|-----------|--------------------------------|
| 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 |
|-------------|----------------------------|-------------------------------|--------------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTALS | | | | |

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

TOTAL INCOME (E):

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 |
|--|----------------------|------------|----------------------------|---------------------------------|------------|
| 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 even if value is \$0. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| REAL PROPERTY | | | | | |
| | | | | | |
| | | | | | |

TOTAL ASSET INCOME (K):

(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:

☐ 60% HOME
Income Limit

Current Income Limit per Family Size: _____

Household Income at Move-in: _____

PART VI. RENT

Tenant Paid Rent

Tenant-based Rental Assistance: _____

Utility Allowance: _____

GROSS RENT FOR UNIT:
(Tenant paid rent + Utility Allowance + tenant based
rental assistance)

SIGNATURE OF SUBRECIPIENT

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 to live in a unit in this Project under the HOME TBRA program.

SIGNATURE OF
SUBRECIPIENT/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 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.

County Enter the county (or equivalent) in which the building is located.

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 | | | |

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.

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- Did 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 (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) 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 IHCD's 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 \leq \$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 calculate 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 Tenant 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.

Part VI - Rent

Tenant Paid Rent Enter the amount the tenant pays toward rent (not including TBRA rental assistance payments).

Rental Assistance Enter the amount of TBRA rental assistance.

Utility Allowance Enter the utility allowance. If the owner pays all utilities, enter zero.

Gross Rent for Unit Enter the sum of Tenant Paid Rent plus Utility Allowance plus tenant-based rental assistance

SIGNATURE OF SUBRECIPIENT/REPRESENTATIVE

It is the responsibility of the HOME TBRA Program subrecipient or the subrecipient'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 TBRA Program compliance.