

EXTENDED USE POLICY
Annual Household and Rent Update Form
*for properties approved for IHCD's Extended Use Policy

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 _____		Rent Assistance: _____	
Utility Allowance _____		Other non-optional charges: _____	
GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges)		Unit Meets Income Restriction (at time of move-in) at:	
		☐ 80% ☐ 70% ☐ 60% ☐ 50% ☐ 40% ☐ 30% ☐ 20%	
		Unit Meets Rent Restriction at:	
Maximum Rent Limit for this unit: _____		☐ 80% ☐ 70% ☐ 60% ☐ 50% ☐ 40% ☐ 30% ☐ 20%	
Gross Rent Floor: _____	Hold Harmless: _____	Year: _____	

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
EXTENDED USE
Annual Household and Rent Update Form**

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

This form can only be used for annual recertifications for Low Income Housing Tax Credit projects approved for IHCD's Extended Use Policy.

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			

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) SDV - Survivors 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- 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 - 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 this 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.