

MOOR/HOMEOWNER INCOME CERTIFICATION

Application Date: _____

S106 Date: _____

Construction Contract Date: _____

PART I - Property DATA

Address: _____ (Street Address)

(City, State, Zip Code)

County: _____

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. 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/I | (H) Cash Value of Asset | (I) Annual Income from Asset |
|-------------|----------------------|------------|----------------------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TOTALS:

\$

\$

Enter Column (H) Total

Passbook Rate

If over \$5000 (H1) \$ _____ X _____

= (J) Imputed Income

\$

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

TOTAL INCOME FROM ASSETS (K)

\$

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

\$

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 repayment of Federal funds.

Signature

(Date)

Signature

(Date)

Signature

(Date)

Signature

(Date)

PART V. DETERMINATION OF INCOME ELIGIBILITY

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

\$

Household Meets
Income Restriction
at:
☐ 80% ☐ 60%
☐ 50% ☐ 40%
☐ 30%

Current Income Limit per Family Size: \$

SIGNATURE OF GRANT ADMINISTRATOR/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 OOR/
Homeowner Income Certification is/are eligible under the provisions of 24 CFR Part 570 (CDBG) or 24 CFR Part 92 (HOME).

SIGNATURE OF GRANT
ADMINISTRATOR/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 OOR/HOMEOWNER INCOME CERTIFICATION

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

Part I - Development Data

| | |
|-------------------------|---|
| Application Date | Enter the application date |
| S106 Date | Enter the date S106 was received |
| Construction Contract | Enter the date of the construction contract |
| Property Address County | Enter the address of the property |

Part II - Household Composition

List all occupants of the property. 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 gender, date of birth, student status, 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.

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 - 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) | 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 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 | The totals of Column (H) and Column (I) will auto-calculate. |

If the total in Column (H) is greater than \$5,000, you must input the total cash value of the assets on line (H1). The imputed value of the asset will auto-calculate on line (J), Imputed Income.

| | |
|---------|--|
| Row (K) | Enter the greater total of Column (I) or (J) in (K), Total Income From Assets. |
| Row (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 Income Limit for the household size. |
| 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. |

SIGNATURE OF GRANT ADMINISTRATOR/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 Homeowner Income Certification form) and ensuring such documentation is kept in the homeowner file is extremely important and should be conducted by someone well trained in CDBG compliance.

These instructions should not be considered a complete guide on CDBG compliance.