

TENANT INCOME CERTIFICATION

Effective Date: _____

Move-in Date: _____

Initial Certification
 Recertification
 Other _____

PART I - DEVELOPMENT DATA

Property Name: _____ County: _____ Aitkin 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	Social Security or Alien Reg. No.
1			HEAD			
2						
3						
4						
5						
6						
7						

PART III. 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

Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:				

Total Cash Value Passbook Rate
 If (H) is over \$5000 _____ X 2.00% = (J) Imputed Inc. _____
 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) and (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.

	(Date)		(Date)
Signature		Signature	
	(Date)		(Date)
Signature		Signature	

PART V. DETERMINATION OF INCOME ELIGIBILITY

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 Maximum 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:

RA Type:

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?

If yes, choose a student explanation*(also attach documentation)
 Yes No

* Student Explanation

- TANF assistance Previously in Foster Care
 Job Training Program Single parent/dependent child
 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.

HOME

Income Status

<=50% AMGI
 <=60% AMGI
 <=80% AMGI
 OI**

Tax Exempt

Income Status

Eligible
 50% AMGI
 OI**

AHDP

Income Status

VLI
 LI
 OI**

Other (specify below)

(Name of Program)

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