

HOUSEHOLD ELIGIBILITY CERTIFICATION

PART I. DEVELOPMENT DATA

Property Name: _____ **Unit #:** _____
Household Name: _____ Initial Certification
 Number of Bedrooms: _____ Effective Date: _____ Re-Certification
 Current HH Size: _____ Original Certification Date: _____ If Transfer, from Unit #: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	FIRST NAME	LAST NAME	MI	REL TO HOH *	DOB (mm-dd-yyyy)	FULLTIME STUDENT	SSN last 4 digits
1				H			
2							
3							
4							
5							
6							
7							

* H = Head of Household, S = Spouse, A = Adult Co-Resident, C = Child, F = Foster Child/Adult, L = Live-in Caretaker, O = Other

PART III. GROSS ANNUAL INCOME (use annual amounts)

HH Mbr #	(A) Employment or Wages	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS:				
<i>Add totals from (A) through (D), above</i>				TOTAL INCOME (E): _____

PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) Current or Imputed	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:				
Enter Column (H) Total If over \$5,000 _____		Passbook Rate 2.00%	= Imputed Income (J): _____	
TOTAL INCOME FROM ASSETS (K):				_____
<i>Enter the greater of the total of column I or J:</i>				_____
(L) TOTAL ANNUAL HOUSEHOLD INCOME from all Sources [Add (E) + (K)]				_____

PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) 	Household Meets Income Restriction at: <input type="radio"/> 60% <input type="radio"/> 50% <input type="radio"/> 45% <input type="radio"/> 40% <input type="radio"/> 35% <input type="radio"/> 30% <input type="radio"/> 80% Bond Only	FOR RE-CERTIFICATIONS ONLY: Current Income Limit X 140%: _____ Household Income exceeds 140%: <input type="checkbox"/> YES <input type="checkbox"/> NO
Current Maximum Allowable Income: _____ Household Size at Move-In: _____ Household Income at Move-In: _____		

Property Name: _____

Unit #: _____

Household Name: _____

PART VI. RENT

Household Paid Rent: _____

Maximum Allowable Rent for this Unit: _____

Utility Allowance: _____

Rent Assistance Type: _____ Amt: _____

Other Non-Optional Charges: _____

Unit Meets Rent Restriction at:

- 60% 50%
- 45% 40%
- 35% 30%

GROSS RENT FOR UNIT:
(Household paid rent plus Utility Allowance & other non-optional charges)

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULLTIME STUDENTS?

YES NO

Student Explanation:

- 1 TANF Assistance
- 2 Previous Foster Care Assistance
- 3 Job Training Program
- 4 Single Parent/Dependent Child
- 5 Married/Joint Return

If "YES", Enter Student Explanation*
(also attach documentation)

Enter 1-5

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.

a. Tax Credit

b. HOME

c. Tax-Exempt Bond

d. _____

See Part V Above

Income Status

- ≤ 50% AMGI
- ≤ 60% AMGI
- ≤ 80% AMGI
- OI*

Income Status

- ≤ 50% AMGI
- ≤ 60% AMGI
- ≤ 80% AMGI
- OI**

Name of Program

Income Status

- _____
- _____
- _____
- OI*

* Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

PART IX. SPECIAL-NEEDS COMMITMENT(S) MET BY HOUSEHOLD

- Disabled
- Farm Worker
- Homeless
- Elderly
- Large Household
- Transitional

Households cannot be counted toward more than one Special-Needs Set-Aside Commitment unless the property is 100% Elderly or 75 to 100% Farmworker; Homeless; or Transitional.

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in this *Resident Eligibility Certification* and on the accompanying *Rental Eligibility Application* is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Extended Use Agreement (Regulatory Agreement), to live in a unit at this Property.

Signature of Property Representative

Date

By signing below, I understand that the Owner is relying on this information in filing his/her tax return and that a State Agency and the Internal Revenue Service may review this information. I hereby swear that this document's information is true and complete to the best of my knowledge as of the effective date of this certification.

Head of Household Signature

Date

Member #2 Signature

Date

Member #3 Signature

Date

Member #4 Signature

Date

Property Name: _____

Unit #: _____

Household Name: _____

PART X. INCOME CALCULATION

Calculate annual income for all of the household's income sources. For wage earners, use separate line(s) to calculate additional employment compensation (e.g., overtime, tips, pay increases, bonuses, etc.). For each wage earner, also calculate their Year-to-Date earnings using the "YTD" section below. Count the greater of anticipated or YTD wage earnings. Circle or identify amounts used to calculate Total Household Annual Income [X].

Resident Name	Type of Income	Pay Frequency	Pay Rate (gross)	# hours per week	# weeks per year	# months per year	Annual Income

Additional for Wage Earners Only - Calculate Total Year-to-Date (YTD) Income

Resident Name	YTD Period -		Total YTD Amount	# of Weeks in YTD Period	Weekly Amount	x 52 = OR # of weeks	YTD Annual Income
	Start Date	End Date					
						x 52 =	
				/	=	x 52 =	
				/	=	x 52 =	
				/	=	x 52 =	
				/	=		
				/	=		
				/	=		
				/	=		

TOTAL HOUSEHOLD ANNUAL INCOME:

PART XI. ASSET CALCULATION

Resident Name	Type of Asset	% Rate	YTD Income	Current Balance (Market Value)	Actual Income/ YTD Annualized	Fees to convert to cash?	Cash Value
TOTAL:						TOTAL:	