Initial Certification Recertification Other* (MM/DD/YYY) "Transfer from Unit: "Transfer from Unit: "Transfer from Unit: "Transfer from Unit: Property Name:	INCOME CERTIFICATION							Effective Date: Move-in Date:				
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1

PAR	T VI. DETERMINATION OF PROGRAM ELIC	SIBILITY
TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (Q) on page 1 \$		urrent Income Limit per Family Size: \$
	e minimum set aside under §42(g), this uni	es of the property's occupancy requirements: t is designated by the taxpayer as (please see 60% 70% 80% OI*** 60% 0I*** 0I*** 60% 0I*** 0I*** 60% 0I*** ET
NSP NHTF 15% Other	30% 40% 50% 30% OI***	60% 80% 120%
	PART VII. RENT	
Tenant Paid Rent:	<u>\$</u>	
Utility Allowance:	\$	
Rental Assistance:	<u>\$</u>	
Other Non-Optional Charges and Mar	ndatory Fees: <u>S</u>	
Gross Rent For Unit (See Instructions)): <u>\$</u>	Applicable Rent Limit: \$
Is the source of the Rental Assistance Fe	deral? 🗌 Yes 🗌 No <i>If yes, i</i>	dentify the type of Federal Rental Assistance:
 HUD Multi-Family Project-Based Rent HUD Section 8 Moderate Rehabilitati Public Housing Operating Subsidy HOME Tenant Based Rental Assistance HUD Rental Assistance Demonstratio Based Rental Assistance (PBRA) 	ion HUD Project- USDA Section ce (TBRA) Section 811 F	g Choice Voucher (HCV-tenant based) •Based Voucher (PBV) n 514, 515, 521 Rental Assistance Program Project Rental Assistance (PRA) al Rental Assistance
PART VIII. STUDEN	T STATUS VERIFICATION (HTC, TCAP, Exch	
Are All Occupants Full-Time Students?	If yes, enter Student Explanation* and attach documentation Enter 1-5	 *Student Explanation: 1. TANF assistance 2. Previously in state foster care system 3. Job Training Program 4. Single parent/dependent child 5. Married/joint return
Decod on the representations herein and up	SIGNATURE OF OWNER/REPRESENTATIN	VE d to be submitted, the individual(s) named in

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 program's rules, regulations and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

DATE

PART IX. HOUSEHOLD DEMOGRAPHICS

Please complete for each household member. See below for Ethnicity, Race, and Other codes that characterize the household composition.

HH Mbr #	Sex – enter M or F	Ethnicity	Race Enter up to 5 categories	Disabled
1				
2				
3				
4				
5				
6				
7				

The Texas Department of Housing and Community Affairs (TDHCA) is required to comply with HUD's reporting requirements; however, you are not required to provide this information. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please initial below.

RESIDENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, and disability status. (*Initials*) _____

Ethnicity:	Enter each household member's ethnicity by using one of	1. Hispanic or Latino		
-	the following coded definitions:	2. Not Hispanic or Latino		
	5	3. Tenant did not respond		
Race:	Enter each household member's race by using, at least one,	1. White		
	of the following coded definitions (up to 5 categories may be	2. Black/African American		
	selected):	3. American Indian/Alaska Native		
		4. Select from the following:		
		4a Asian India		
		4b Chinese		
		4c Filipino		
		4d Japanese		
		4e Korean		
		4f Vietnamese		
		4g Other Asian		
		5. Select from the following:		
		5a Native Hawaiian		
		5b Guamanian or Chamorro		
		5c Samoan		
		5d Other Pacific Islander		
		6. Other		
		7. Tenant did not respond		
Disabled:	Check yes if any member of the household is disabled	1. Yes		
	according to Fair Housing Act definition for handicap	2. No		
	(disability):	3. Tenant did not respond		
	• A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used			
	in this definition, please see 24 CFR 100.201, available at			
	<u>http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-</u> 201.			
	 "Handicap" does not include current, illegal use of or addiction to a controlled substance. 			