

HFC INCOME CERTIFICATION

Initial Certification
 Recertification
 Other* _____

Effective Date: _____

Move-in Date: _____
 (MM/DD/YYYY)

*Transfer from Unit: _____

PART I – DEVELOPMENT DATA

Property Name: _____ County: _____
 Address: _____ Unit Number: _____ # Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	(Age at Date of Certification)	Student Status <i>(circle one)</i>	Last 4 digits of Social Security Number
1			HEAD		FT / PT / NA	
2					FT / PT / NA	
3					FT / PT / NA	
4					FT / PT / NA	
5					FT / PT / NA	
6					FT / PT / NA	

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment/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/D	(H) N/R	(I) Cash Value of Asset	(J) A/I	(K) Annual Income from Asset
(L) TOTAL NON-NECESSARY PERSONAL PROPERTY (Zero if under current threshold):				\$	(M) Total Actual Income:	\$
(N) TOTAL REAL PROPERTY:				\$	(O) Total Imputed Income:	\$
(P) TOTAL NET FAMILY ASSETS (Equals L plus N):				\$	(Q) INCOME FROM ASSETS (Equals M if P is less than current threshold, M plus O if P is greater than current threshold)	
						\$

(R) Total Annual Household Income from all Sources [Add (E) + (Q)] \$

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.

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)

PART V. HOUSEHOLD DESIGNATION

Mark the applicable designation that this household satisfies for the property's occupancy requirements:

20% 30% 40% 50% 60% 65% 70% 80%

100% 120% 140% Other Over
Income

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

\$

Current Income Limit per Family Size:

\$

TOTAL GROSS RENT
Tenant Paid rent plus
non-optional and Mandatory
fees:

\$

Rent Limit for Bedroom Size:

\$

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

SIGNATURE OF OWNER/REPRESENTATIVE

DATE

INSTRUCTIONS FOR COMPLETING HFC INCOME CERTIFICATION

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

Income Certification

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification), or Other (enter brief explanation). If a household transfers from a unit, enter the unit number the household transferred from in the area below the Move-in Date.

Part I - Development Data

Effective Date: In general, for initial certifications, the effective date is the date of move-in. In general, the effective date for recertifications should be the anniversary of the original move-in date.

NOTE: Verifications must be valid (i.e., dated no more than 120 days prior to the effective date of the certification).

Move-in Date: Enter the date the tenant has or will take occupancy of the unit.

Part I - Development Data

Property Name: Enter the name of the development.

County: Enter the county (or equivalent) in which the building is located.

Address: Enter the address of the building.

Unit Number: Enter the unit number.

Bedrooms: Enter the number of bedrooms in the unit.

Part II - Household Composition

List the last name, first name and middle initial of 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	F	-	Foster child(ren)/adult(s)
L	-	Live-in caretaker			

Enter the age at the date of certification, student status, and last four digits of the Social Security number/Noncitizen Registration number for each occupant. If Social Security/Noncitizen Registration numbers are not available, enter "0000". Student Status is determined by the academic institution.

If there are more than six occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

Part III – Gross Annual Income

In calculating the income of an individual or family the Housing Finance Corporation User must use the definition of annual income described in 24 C.F.R. Section 5.609, as implemented by the United States Department of Housing and Urban Development.

From the third-party verification forms or first-hand documentation 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. List the respective household member number from Part II and complete a separate line for each income-earning member.

- 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 (e.g., TANF, general assistance, etc.).
- Column (D):** Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
- TOTALS:** Add the total for each Column (A, B, C, and D), respectively.
- Row (E):** Add the totals from columns (A) through (D), above. Enter this amount.

Part IV - Income from Assets

See income described in 24 C.F.R. Section 5.609 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third-party verification forms, first-hand documentation, or self-certification obtained for each asset source, list the cash value and income anticipated to be received during the twelve months from the effective date of the (re)certification.

List the respective household member number from Part II and complete a separate line for each member. Joint accounts should have both household member numbers e.g. Household Member #1 and Household Member #2 have a joint checking account, in the HH Mbr # box next to the checking account list both #1 and #2 as 1/2.

- Column (F):** List the type of asset (e.g., checking account, savings account, property owned address etc.)
- Column (G):** Enter C (for CURRENT, if the family currently owns or holds the asset), or D (for DIPOSED, 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 (N) for NON-NECESSARY PERSONAL PROPERTY or (R) for REAL PROPERTY.
- Column (I):** Enter the cash value of the respective asset.
- Column (J)** Enter (A) if annual income is the ACTUAL income from the asset. Enter (I) if the annual income is the IMPUTED income from the asset. If the imputing income threshold has not been met, enter (N/A).
- Column (K)** Enter all actual and imputed annual income from the assets.

- Row (L):** Enter the total cash value of all Non-Necessary Personal Property or if Non-Necessary Personal Property is less than inclusion threshold, you may enter "Zero".
- Row (M):** Enter the total of all actual income from assets.
- Row (N):** Enter the total cash value of all REAL PROPERTY. Real Property, if held, is always and must be entered.
- Row (O):** Enter the total of all imputed income from assets.
- Row (P):** Enter the total of NET FAMILY ASSETS. Add (L) and (N) and enter the total.
- Row (Q):** Enter the total of INCOME FROM ASSETS. Equals M if P is less than current threshold, M plus O if P is greater than current threshold.
- Row (R):** Total Annual Household Income From all Sources. Add (E) and (Q) and enter the total.

HOUSEHOLD CERTIFICATION & 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 Income Certification. For move-in, it is recommended that the Income Certification be signed no earlier than 120 days prior to the effective date of the certification.

Part V – Household Designation

- Designation Type for Income:** Mark the correct income designation as indicated.
- Total Annual Household Income From All Sources:** Enter the number from item (Q).
- Current Income Limit per Family Size:** Enter the current Move-in Income Limit for the household.
- Gross Rent for the Unit:** Enter the total tenant paid rent plus other non-optional charge(s)/mandatory fees.
- Applicable Rent Limit:** Enter the current rent limit for the unit's rent designation.

Part VI – 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 eligibility (including completing and signing the Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in program compliance.

These instructions should not be considered a complete guide on program compliance. The responsibility for compliance with state program regulations lies with the owner of the property.