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:				
**ransfer from Unit: PART I - DEVELOPMENT DATA Property Name: COUNTY: BIN F: Address: County: Bit M: F: Mamber Student: Student: <td colspan="5"></td> <td></td>												
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1

PART	VI. DETERMINATION OF PROGRAM ELIGIE	BILITY				
TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (P) on page 1 \$	Curre \$	ent Income Limit per Family Size:				
Mark the program(s) and applicable program	n designation that this household satisfies	of the property's occupancy requirements:				
	Mark the program(s) and applicable program designation that this household satisfies of the property's occupancy requirements: If the owner has elected the Average Income minimum set aside under §42(g), this unit is designated by the taxpayer as (please see					
instructions):		·····				
HTC or Exchange 20% TCAP HOME/TCAP RF BOND THTF NSP NHTF 15% Other	30% 40% 50% 30% 40% 50% 30% 40% 50% 30% 50% 60% 30% 50% 60% ELI VLI LI 30% 40% 50% 30% 01***	60% 70% 80% 0 *** 60% 0 *** 0 *** 60% 0 *** 0 *** 60% 0 *** ET 01*** 80% 120%				
*** Upon Recertification household was determine	ed to be over income (OI) according to eligibility	requirements of the programs marked above.				
	PART VII. RENT					
Tenant Paid Rent:	<u>\$</u>					
Utility Allowance:	<u>\$</u>					
Rental Assistance:	<u>\$</u>					
Other Non-Optional Charges and Manda	atory Fees: <u>S</u>					
Gross Rent For Unit (See Instructions):	<u>\$</u> A	pplicable Rent Limit: \$				
Is the source of the Rental Assistance Fede	eral? Yes No If yes, ide	ntify the type of Federal Rental Assistance:				
 HUD Multi-Family Project-Based Rental HUD Section 8 Moderate Rehabilitation Public Housing Operating Subsidy HOME Tenant Based Rental Assistance HUD Rental Assistance Demonstration (Based Rental Assistance (PBRA) 	n HUD Project-Ba	hoice Voucher (HCV-tenant based) used Voucher (PBV) 14, 515, 521 Rental Assistance Program oject Rental Assistance (PRA) Rental Assistance				
PART VIII. STUDENT S	STATUS VERIFICATION (HTC, TCAP, Exchan	ge, and BOND only)				
	If yes, enter Student Explanation*	*Student Explanation:				
☐ Yes ☐ No	and attach documentation Enter 1-5	 TANF assistance Previously in state foster care system Job Training Program Single parent/dependent child Married/joint return 				
	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.

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. 	