INCOME CERTIFICATION

Effective Date: 8/1/2025
Move-in Date: 8/1/2025 (MM/DD/YYYY)
*Transfer from Unit: _____

☑ Initial Certification ☐ Recertification ☐ Other* _____

PART I – DEVELOPMENT DATA

Property Name: Texas Apartments County: Travis BIN #: TX0126054
Address: 221 East 11th Street Unit Number: 1509 # Bedrooms: 2 CMTS # 9876

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Student Status *(circle one)*	Last 4 digits of Social Security Number
1	Russell	William	HEAD	06/04/1996	FT / PT / (NA)	1111
2	Russell	Mary	Spouse/Co-Head	08/04/1976	FT / PT / (NA)	2222
3	Gonzales	Jerome	Dependent	02/13/2016	(FT) / PT / NA	3333
4					FT / PT / NA	
5					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
1		$2,400		
2	$39,520			
TOTALS	$ 39,520	$ 2,400	$	$

Add totals from (A) through (D) above — TOTAL INCOME (E): $ 41,920

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
1	Checking	C	N	100	A	0.00
1	Savings Account	C	N	90	A	1.80
2	Checking	C	N	20	A	0.00
2	Chime Account	C	N	0	A	0.00
2	Cash App	C	N	0	A	0.00

(L) TOTAL NON-NECESSARY PERSONAL PROPERTY: $ 210
(M) Total Actual Income: $ 1.80
(N) TOTAL NET FAMILY ASSETS: $ 0
(O) Total Imputed Income: $ 0

(P) TOTAL INCOME FROM ASSETS [(M) + (O)]: $ 1.80

(Q) Total Annual Household Income from all Sources [Add (E) + (P)] $ 41,921.80

PART V. HOUSEHOLD SET ASIDE DESIGNATION

Income: ☐15% ☐20% ☐30% ☐40% ☑50% ☐60% ☐70% ☐80% ☐O/I
Rent: ☐20% ☐30% ☐40% ☑50% ☐60% ☐70% ☐80%

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.

_____ Signature — 8/1/2025 *(Date)* — _____ Signature — 8/1/2025 *(Date)*

_____ Signature — _____ *(Date)* — _____ Signature — _____ *(Date)*

PART VI. DETERMINATION OF PROGRAM ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (Q) on page 1 $ 41,921.80

Current Income Limit per Family Size: $ 60,250

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%	☐ 30%	☐ 40%	☐ 50%	☐ 60%	☐ 70%	☐ 80%	☐ OI***	
☐	TCAP		☐ 30%	☐ 40%	☐ 50%	☐ 60%		☐ OI***		
☐	HOME/TCAP RF		☐ 30%	☐ 40%	☑ 50%	☐ 60%		☐ 80%	☐ OI***	
☐	BOND		☐ 30%	☐ 50%	☐ 60%	☐ 80%		☐ OI***	☐ ET	
☐	THTF		☐ ELI	☐ VLI	☐ LI	☐ OI***				
☐	NSP		☐ 30%	☐ 40%	☐ 50%	☐ 60%		☐ 80%	☐ 120%	
☐	NHTF	☐ 15%	☐ 30%	☐ OI***						
☑	Other	HOME-ARP								

*** *Upon Recertification household was determined to be over income (OI) according to eligibility requirements of the programs marked above.*

PART VII. RENT

Tenant Paid Rent: $ 242.60

Utility Allowance: $ 52

Rental Assistance: $ 0

Other Non-Optional Charges and Mandatory Fees: $ 0

Gross Rent For Unit (See Instructions): $ 294.60

Unit Meets Rent Restriction at:

☐ 15% ☐ 20% ☐ 30% ☐ 40%

☑ 50% ☐ 60% ☐ 70% ☐ 80%

☐ _____ % (other)

Applicable Rent Limit: $ 1,506

Is the source of the Rental Assistance Federal? ☐ Yes ☑ No *If yes, identify the type of Federal Rental Assistance:*

☐ HUD Multi-Family Project-Based Rental Assistance (PBRA)
☐ HUD Section 8 Moderate Rehabilitation
☐ Public Housing Operating Subsidy
☐ HOME Tenant Based Rental Assistance (TBRA)
☐ HUD Rental Assistance Demonstration (RAD)-Project Based Rental Assistance (PBRA)
☐ HUD Housing Choice Voucher (HCV-tenant based)
☐ HUD Project-Based Voucher (PBV)
☐ USDA Section 514, 515, 521 Rental Assistance Program
☐ Section 811 Project Rental Assistance (PRA)
☐ Other Federal Rental Assistance _____

PART VIII. STUDENT STATUS VERIFICATION (HTC, TCAP, Exchange, and BOND only)

Are All Occupants Full-Time Students?	If yes, enter Student Explanation* and attach documentation	*Student Explanation:
☐ Yes ☑ No	Enter 1-5	1. TANF assistance 2. Previously in state foster care system 3. Job Training Program 4. Single parent/dependent child 5. 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.

_____ _____

SIGNATURE OF OWNER/REPRESENTATIVE 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 the following coded definitions:	1. Hispanic or Latino 2. Not Hispanic or Latino 3. Tenant did not respond
Race:	Enter each household member's race by using, at least one, of the following coded definitions *(up to 5 categories may be selected)***:**	1. White 2. Black/African American 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 according to Fair Housing Act definition for handicap (disability): • *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 http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201.* • *"Handicap" does not include current, illegal use of or addiction to a controlled substance.*	☐ 1. Yes ☐ 2. No ☐ 3. Tenant did not respond