INCOME CERTIFICATION

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

☑ Initial Certification ☐ Recertification ☐ Other* _____

PART I – DEVELOPMENT DATA

Property Name: ABC Apartments County: Travis BIN #: 252105-01
Address: 221 East 11th Street, Austin, TX Unit Number: 123 # Bedrooms: 4 CMTS # 7105

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	Smith	Jeremy	HEAD	4/1/1979	FT / PT / (NA)	1111
2	Smith	Cassandra	Spouse	5/1/1983	FT / PT / (NA)	2222
3	Gomez	William	Adult Dep.	2/1/2006	(FT) / PT / NA	3333
4	Smith	Brady	Dependent	10/1/2015	(FT) / PT / NA	4444
5	Smith	Candy	Dependent	8/1/2018	(FT) / PT / NA	5555

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment/Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
1	$44,820			
2				$6,446
3	$480			$1,000
6		$28,034.40		
TOTALS	$ 45,300	$ 28,034.40	$	$ 7,446

Add totals from (A) through (D) above — TOTAL INCOME (E): $ 80,780.40

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
1/2	Checking	C	N	$4,832.09	A	$0
1/2	Savings	C	N	$18,351	A	$367.02
3	Checking & Savings	C	N	$600 & $1,200	A	$0 & $24
1	Real Estate- Land	C	R	$29,880	n/a	n/a
6	Cash App & Direct Express	C	N	$35.54	A	$0

(L) TOTAL NON-NECESSARY PERSONAL PROPERTY: $ 25,018.63
(M) Total Actual Income: $ 391.02
(N) TOTAL NET FAMILY ASSETS: $ 29,880
(O) Total Imputed Income: $ 0

(P) TOTAL INCOME FROM ASSETS [(M) + (O)]: $ 391.02

(Q) Total Annual Household Income from all Sources [Add (E) + (P)] $ 81,171.42

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

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

INCOME CERTIFICATION

☐ Initial Certification ☐ Recertification ☐ Other* _____

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

PART I – DEVELOPMENT DATA

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

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			HEAD		FT / PT / NA	
2					FT / PT / NA	
3					FT / PT / NA	
4					FT / PT / NA	
5					FT / PT / NA	
6	Gomez	Karen	Other Adult	7/1/1945	FT / PT / NA	6666

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: $
(M) Total Actual Income: $
(N) TOTAL NET FAMILY ASSETS: $
(O) Total Imputed Income: $

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

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

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 *(Date)* Signature *(Date)*

PART VI. DETERMINATION OF PROGRAM ELIGIBILITY

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

Current Income Limit per Family Size: $

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 _____									

*** *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: $_____ Unit Meets Rent Restriction at:

Utility Allowance: $_____ ☐15% ☐20% ☐30% ☐40%

Rental Assistance: $_____ ☐50% ☐60% ☐70% ☐80%

Other Non-Optional Charges and Mandatory Fees: $_____ ☐_____% (other)

Gross Rent For Unit (See Instructions): $_____ Applicable Rent Limit: $_____

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