

EXHIBIT B –TENANT INCOME CERTIFICATION

☐ Initial Certification ☐ Recertification ☐ Other _____

Effective Date: _____

Move-in Date: _____

(MM/DD/YYYY)

PART I. - DEVELOPMENT DATA

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

PART II. - HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Race/Ethnicity	F/T Student (Y or N)	Last Four Digits of Social Security #
1			HEAD				
2							
3							
4							
5							
6							
7							

PART III. - GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or 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/I	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:			\$	\$
Enter Column (H) Total		Passbook Rate		
If over \$5000		\$	X .06%	= (J) Imputed Income
Enter the greater of the total of column I, or J: imputed income				TOTAL INCOME FROM ASSETS (K)
				\$
(L) Total Annual Household Income from all Sources [Add (E) + (K)]				\$

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) _____

PART V. - DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> \$	Household Meets Income Restriction at: <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80% <input type="checkbox"/> Other:	RECERTIFICATION ONLY: Current Income Limit x 140%: \$
INCOME LIMIT TYPE: <input type="checkbox"/> National Non-Metro <input type="checkbox"/> Statewide Median Income <input type="checkbox"/> HERA Special <input type="checkbox"/> OR <input type="checkbox"/> Area Median Income (MTPS) <input type="checkbox"/> AHAP <input type="checkbox"/> OR <input type="checkbox"/> HOME Current Income Limit per Family Size: Household Income at Move-In:	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> \$ <div style="border: 1px solid black; height: 40px; width: 100%;"></div> \$	Household Size at Move-in: _____	Household Income exceeds 140% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Income Recert Exempt (HR3221) <input type="checkbox"/> Recertification Waiver

PART VI. – RENT

MHDC Approved Rent OR Tenant Paid Rent (Unit Rent)	\$ _____	Rent Assistance: \$ _____
(plus +) Utility Allowance - Source: _____	\$ _____	Unit Meets Rent Restriction at: <input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70% <input type="checkbox"/> 80%
(plus +) Other non- optional charges:	\$ _____	Other Description of non-optional charges:
GROSS RENT FOR UNIT: (Tenant paid rent + Utility Allowance & Other non-optional charges)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> \$ _____	Approved MHDC Maximum Rent Limit for this unit: (Approved MHDC base rent + Utility Allowance)
Other optional charges	\$ _____	\$ _____
Description of optional charges	\$ _____	Maximum Program Rent Limit : \$ _____

PART VII. - STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?	If yes, Enter student explanation*	*Student Explanation: 1 TANF assistance 2 Job Training Program 3 Single parent/dependent child 4 Married/joint return 5 Foster care
<input type="checkbox"/> yes <input type="checkbox"/> no	<div style="border: 1px solid black; width: 100px; height: 40px; display: flex; align-items: center; justify-content: center;"> Enter 1-5 </div>	

DISABILITY STATUS

DO ANY OCCUPANTS HAVE A DISABILITY? <input type="checkbox"/> yes <input type="checkbox"/> no
HUD/LIHTC Tenant Data Collection requirement-(OMB Approval No. 2528-0165-Exp. 05/31/2013)
Disclosure of disability information is optional. If the tenant chooses to provide disability information, such information must be completed by the <u>tenant</u> , not the owner/management agent. The tenant must initial this area. Questions regarding disability status may only be asked at the signature date of move-in or annual recertification. If the tenant declines to provide such information, it is recommended that documentation from the tenant certifying they decline to provide such information be obtained.

PART VIII. - PROGRAM TYPE

Mark the program(s) listed below (a through f) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's program qualification income status and the current income limit per family size as established by the program certification/recertification.

a. Tax Credit <input type="checkbox"/> 100% Tax Credit <input type="checkbox"/>	b. HOME <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI** \$ _____	c. Tax Exempt <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI** \$ _____	d. AHAP <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI** \$ _____	e. NHTF <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> 30% AMGI <input type="checkbox"/> 50% AMGI <input type="checkbox"/> OI** \$ _____	f. _____ <input type="checkbox"/> (Name of Program) <i>Income Status</i> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> OI** \$ _____
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**Upon recertification, household was determined over income (OI) according to the eligibility requirements of the program(s) marked above.

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 Section 42 of the Internal Revenue Code, as amended, or other program designated and the Land Use Restriction Agreement and/or Regulatory Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE
 EXHIBIT B (REV. 6/28/2022)

DATE

LIHTC/MHDC/HOME

INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

This form is to be completed and reviewed by the owner or an authorized representative and the authorized household resident(s).

Part I - Development Data

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, designate the purpose of the recertification (i.e., a unit transfer, a change in household composition, or other state-required recertification).

Move-in Date	Enter the date the tenant has or will take occupancy of the unit.
Effective Date	Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.
Property Name	Enter the name of the development.
County	Enter the county (or equivalent) in which the building is located.
BIN #	Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609).
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 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	N	-	None of the above

Enter the date of birth, race/ethnicity (11=White; 12=Black/African American; 13=Asian; 14=American Indian/Alaska Native; 15=Native Hawaiian/Other Pacific Islander; 16=American Indian/Alaska native & White; 17=Asian & White; 18=Black/African American & White; 19=American Indian/Alaska Native & Black /African American; 20= Other Multi Racial) student status, and social security number or alien registration number for each occupant.

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

Part III - Annual Income

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income, including acceptable forms of verification.

From the third party verification forms 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. Complete a separate line for each income-earning household member. List the respective household member number from Part II.

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 (i.e., TANF, general assistance, disability, etc.).
Column (D)	Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
Row (E)	Add the totals from columns (A) through (D), above. Enter this amount.

Part IV - Income from Assets

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third party verification forms obtained from each asset source, list the gross amount anticipated to be received during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

Column (F)	List the type of asset (i.e., checking account, savings account, etc.)
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Column (G)	Enter C (for current, if the family currently owns or holds the asset) or I (for imputed, 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 the cash value of the respective asset.
Column (I)	Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
TOTALS	Add the total of Column (H) and Column (I), respectively.

If the total in Column (H) is greater than \$5,000, you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by .06% and enter the amount in (J), Imputed Income.

Row (K)	Enter the greater of the total in Column (I) or (J).
Row (L)	Total Annual Household Income From all Sources Add (E) and (K) and enter the total.

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

Part V – Determination of Income Eligibility

Total Annual Household Income from all Sources	Enter the number from item (L).
Current Income Limit per Family Size	Enter the Current Move-in Income Limit for the household size.
Household income at move-in Household size at move-in	For recertifications, only. Enter the household income from the move-in certification. On the adjacent line, enter the number of household members from the move-in certification.
Household Meets Income Restriction	Check the appropriate box for the income restriction that the household meets according to what is required by the set-aside(s) for the project. 150% income limits are provided for MHDC Fund Balance and MHDC-issued bond programs: The limits reported are the greater of 150% of area median income or 150% of statewide median income according to MHDC policy. Area median gross income, HERA or national non-metropolitan median income as allowed under the Housing & Economic Recovery Act of 2008 effective July 31, 2008. To determine which 9% LIHTC limit applies to a specific property, visit http://eligibility.sc.egov.usda.gov/eligibility/welcomeAction.do?pageAction=sfp&NavKey=property@12 , and click on the State of Missouri. Properties located in areas classified as "eligible" for USDA programs at this website are in designated rural areas and may use the 9% LIHTC Rural limits. Properties classified as "ineligible" for USDA programs are considered metropolitan and must use the 9% LIHTC Urban limits. HOME-assisted units in 9% LIHTC rural properties must follow the limits categorized as HOME AHAP-units must follow the limits established for the AHAP program.
Current Income Limit x 140%	For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% (170% for Deep Rent Skewed) and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% (170% for Deep Rent Skewed) of the current income limit, then the available unit rule must be followed.
Income Recert Exempt (HR3221)	The Recertification income exemption for 100% Tax Credit Properties Only.
Recertification Waiver	The Recertification Waiver applies to 100% Tax Credit properties only and must be approved in advance by the state. It may be checked at the 2 nd annual recertification conducted.

Part VI - Rent

Approved MHDC Base OR Tenant Paid Rent	Enter the amount the tenant pays toward rent or the Approved MHDC Base Rent listed on the Schedule II (not including rent assistance payments such as Section 8). (Schedule II Approved MHDC Base Rent minus non-optional charges)
Rent Assistance	Enter the amount of rent assistance, if any.

Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero. Enter the source of utility allowance used – Acceptable Sources are: RD -Rural Development assisted buildings; HUD -Hud assisted buildings; PHA -Public Housing Authority; LUCE -Local Utility Company Estimate; ECM -Energy Consumption Model; HUSM - HUD Utility Schedule Model.
Other non-optional charges:	Enter the amount of non-optional charges, such as mandatory garage rent, storage lockers, laundry or pet rent, charges for services provided by the owner, non-refundable fees, etc. Enter a description of the non-optional charges.
Gross Rent for Unit Charged	Enter the total of Tenant Paid Rent plus Utility Allowance plus non-optional charges. (Optional (allowable) charges included may exceed the MHDC Maximum Rent Limit, but must never exceed the Maximum Program rent limit)
Additional allowable charges:	Enter allowable charges that are optional and not a condition of occupancy. Enter a description of the optional charges.
Approved MHDC Maximum Rent Limit for this unit	Enter the MHDC maximum allowable gross rent for the unit. (Approved MHDC Base Rent plus Utility Allowance) [includes non-optional charges]
Maximum Program Rent Limit :	Enter the maximum allowable gross rent for the unit. (Maximum allowable program rent [Program charts include Utility Allowance])
Unit Meets Rent Restriction at	Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project. Compare Gross Rent Charged with the appropriate Approved MHDC maximum rent limit and/or Maximum Program rent limit to determine any possible rent violations.

Part VII - Student Status & Disability Status

Student Status: If all household members are full time* students, check "yes". If at least one household member is not a full time student, check "no". If "yes" is checked, the appropriate exemption must be listed in the box. If none of the exemptions apply, the household is ineligible to rent the unit.
*Full time is determined by the school the student attends.

Disability Status: If the tenant chooses to provide disability information, such information must be completed and initialed by the tenant, not the owner/management agent. The tenant must initial this area. Questions regarding disability status may only be asked at the signature date of move-in or annual recertification. **Disability information cannot be collected prior to household qualification.**

HUD/LIHTC Tenant Data Collection requirement -(OMB Approval No. 2528-0165-Exp. 05/31/2013)

Check "yes", if any member of the household has a *disability according to the 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.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

The housing credit agency administering its low-income housing credit program must, to the best of its ability, provide this disability status information pursuant to 42 U.S.C. §1437z-8. **However, it is the tenant's voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state.** If the tenant declines to provide the information, best efforts should be used to provide the information, such as noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate. If Tenant chooses not to provide disability information, it is recommended that documentation from the tenant certifying they decline to provide such information be obtained.

Part VIII – Program Type

Mark the program(s) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification. If the property does not participate in the HOME, Tax-Exempt Bond, Affordable Housing Disposition, or other housing program, leave those sections blank.

Tax Credit	If the property participates in the Tax Credit program and has any other funding, mark the appropriate box indicating the household's designation.
100% Tax Credit	If the property participates in the Tax Credit program and has no other funding, mark the appropriate box indicating the household's designation.
HOME	If the property participates in the HOME program and the unit this household will occupy will count towards the HOME program set-asides, mark the appropriate box indicating the household's designation.
Tax Exempt	If the property participates in the Tax Exempt Bond program, mark the appropriate box indicating the household's designation.
AHAP	If the property participates in the Affordable Housing Disposition Program (AHAP), and this household's unit will count towards the set-aside requirements, mark the appropriate box indicating the household's designation.
Other	If the property participates in any other affordable housing program, complete the information as appropriate.

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 Tenant 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 the applicable program compliance.

These instructions should not be considered a complete guide on program compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the funding or credit is allowable.

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.

