

Exhibit B - Tenant Income Certification

Form for initial move-ins and recertifications effective on or after January 1, 2024 (HOTMA)

Instructions for completing this form can be found on page 5.

Type of Certification			Effective Date:
Initial Certification	Recertification	Other:	Move-in Date:

PART I – Development Data		
Property Name:	County:	BIN: MO
Address:	Unit Number:	# of Bedrooms:

PART II – Household Composition						
Household Member #	Last Name	First Name & Middle Initial	Relationship to Head of Household Code	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Last Four (4) Digits of Social Security #
1						
2						
3						
4						
5						
6						
7						

PART III – Gross Annual Income (Use Annual Amounts)				
Currency totals will need to be calculated manually and entered into the form.				
Household Member #	(A)* Employment or Wages	(B)* Social Security/Pensions	(C)* Public Assistance	(D)* Other Income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTALS:	\$	\$	\$	\$
Add totals from (A) through (D) above			Total Income (E)	\$

PART IV – Income from Assets					
Currency totals will need to be calculated manually and entered into the form.					
Household Member #	(F) Type of Asset	(G) C = Current D = Disposed of	(H)* Cash Value of Asset	(I) A = Actual I = Imputed	(J)* Annual Income from Asset
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
TOTALS:			\$		\$
Total Income from Assets (K) \$					
(L) Total Annual Household Income from all Sources [Add (E) + (K)] = \$					

Household Certification & Signatures			
<p>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.</p>			
Signature	Date	Signature	Date
Signature	Date	Signature	Date

Part V – Determination of Income Eligibility																		
<p style="text-align: center;"><u>Total Annual Household Income</u> *(From All Sources) = \$ <i>*Enter the amount from item (L) on page 2</i></p>	<p>Household (HH) Meets Income Restriction at:</p>	<p><u>Recertification Only</u> Enter Current *Income Limit x 140% \$</p>																
<p style="text-align: center;"><u>Select Income Limit Type</u></p> <table style="width:100%; border: none;"> <tr> <td style="width: 33%;">National Non-Metro</td> <td style="width: 33%;">Statewide Median Income</td> <td style="width: 15%;">30%</td> <td style="width: 19%;">60%</td> </tr> <tr> <td>HERA Special</td> <td>Area Median Income (MTPS)</td> <td>40%</td> <td>70%</td> </tr> <tr> <td>AHAP</td> <td>HOME</td> <td>50%</td> <td>80%</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Other: _____ %</td> </tr> </table>	National Non-Metro	Statewide Median Income	30%	60%	HERA Special	Area Median Income (MTPS)	40%	70%	AHAP	HOME	50%	80%			Other: _____ %			<p>Does the household income exceed 140% at recertification? Yes No</p>
National Non-Metro	Statewide Median Income	30%	60%															
HERA Special	Area Median Income (MTPS)	40%	70%															
AHAP	HOME	50%	80%															
		Other: _____ %																
<p>Current Income Limit per Family Size -> \$</p>	<p>Household size at <u>move-in</u>:</p>	<p>(HR3221) Income Recert Exempt</p>																
<p>Household Income at Move-In -> \$</p>		<p>Recertification Waiver</p>																
<p><i>*Designated Income Limit: 20-50 properties use 50%; 40-60 properties use 60%; Average Income Test properties use 60% for all units with income designations that are 60% or lower and actual unit designation for units at 70% and 80%.</i></p>																		

Part VI – Rent		
<p>Currency totals will need to be calculated manually and entered into the form.</p>		
<p>Tenant Paid Rent (Unit Rent):</p>	<p>\$</p>	<p>Source of utility allowance:</p>
<p>(plus +) Utility allowance:</p>	<p>+ \$</p>	
<p>(plus +) Other non- optional charges:</p>	<p>+ \$</p>	<p>Description of non-optional charges (Non-Optional charges included must never exceed the Maximum Program rent limit):</p>
<p><u>Total Gross Rent for Unit</u> (Tenant paid rent + utility allowance & other non-optional charges):</p>	<p>= \$</p>	
<p>Other optional charges:</p>	<p>\$</p>	<p>Description of optional charges:</p>
<p>Rent Assistance:</p>	<p>\$</p>	<p>Unit Meet Rent Restriction at: 30% 40% 50% 60% 70% 80% Other:</p>
<p>Approved MHDC Maximum Rent Limit for this unit: (Approved MHDC base rent + Utility Allowance)</p>	<p>\$</p>	
<p>Maximum Program Rent Limit:</p>	<p>\$</p>	
<p>Is the source of the Rental Assistance Federal? YES NO N/A</p>		
<p>If No, what is the source of the assistance?</p>		
<p>If Yes, identify the type of Federal Rental Assistance:</p>		
<p>HUD Multi-Family Project-Based Rental Assistance (PBRA)</p>	<p>HUD Housing Choice Voucher (HCV-tenant based)</p>	
<p>HUD Section 8 Moderate Rehabilitation</p>	<p>HUD Project-Based Voucher (PBV)</p>	
<p>Public Housing Operating Subsidy</p>	<p>USDA Section 521 Rental Assistance Program</p>	
<p>HOME Tenant Based Rental Assistance (TBRA)</p>	<p>Other Federal Rental Assistance</p>	

Part VII – Student Status & Disability Status			
Are all occupants full-time students?	Yes	No	If you selected yes, select a box below for student explanation.
TANF assistance	Job Training Program		Single parent/dependent child
Married/joint return	Previously in state foster care system		
Do any occupants have a disability?	Yes	No	
<p><i>HUD/LIHTC Tenant Data Collection requirement-(OMB Approval No. 2528-0165-Exp. 05/31/2013)</i> Disclosure of disability information is optional. If the tenant chooses to provide disability information, such information must be completed 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. 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.</p>			

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.					
Select Program	Select Income Status/Amount				
A. Tax Credit <i>(See Part V above)</i>	100% Tax Credit				
B. HOME	<50% AMGI	<60% AMGI	<80% AMGI	OI**	\$
C. Tax Exempt	50% AMGI	60% AMGI	80% AMGI	OI**	\$
D. AHAP	50%	80%	OI**	\$	
E. NHTF	30%	50%	OI**	\$	
F.			OI**	\$	
**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	Date

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.

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 I – 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 below.

Code	Relationship to Head of Household	Code	Relationship to Head of Household
H	Head of Household	C	Child
A	Adult Co-Tenant	L	Live-in Caretaker
S	Spouse	F	Foster Child(ren)/Adult(s)
O	Other Family Member	N	None of the Above

Enter the date of birth, student status, last four (4) digits of 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.
Column (E)	Add the totals from columns (A) through (D), above. Enter this amount.
*All currency totals will need to be calculated manually and entered into the form.	
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 and Income from Assets - 24 CFR 5.609(a).	
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 recertification. 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.).
Column (G)	Enter C (<u>for current</u> , if the family currently owns or holds the asset) or D (<u>for disposed</u> , 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 (A) if annual income is the <u>actual income</u> from the asset. Enter (I) if the annual income is the <u>imputed income</u> from the asset.
Column (J)	Enter all actual and imputed annual income from the assets.
TOTALS	Add the total of Column (H) and Column (J), respectively. *Calculate manually and enter the total.
Income from Assets – 24 CFR 5.609(a): In general, income from assets is considered income. If it is possible to calculate actual returns from an asset, use that amount. If it is not possible to calculate an actual return on an asset, impute income from assets based on the current passbook savings rate as determined by HUD when the family has net assets over \$50,000 (adjusted annually by CPI-W).	
Row (K)	Enter the total income from assets from Column (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 aged 18 or older must sign and date the Tenant Income Certification. For move-in , it is recommended that the <u>Tenant Income Certification</u> be signed no earlier than five (5) 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 https://eligibility.sc.egov.usda.gov/eligibility/welcomeAction.do , 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. <i>*Designated Income Limit:</i> 20-50 properties use 50%; 40-60 properties use 60%; Average Income Test properties use 60% for all units with income designations that are 60% or lower and actual unit designation for units at 70% and 80%.
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 2nd annual recertification conducted.
Part VI - Rent	
Tenant Paid Rent	Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).
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. Non-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).
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: <https://www.ecfr.gov/current/title-24/subtitle-B/chapter-I/part-100/subpart-D/section-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	
<p>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.</p>	
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	
<p>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).</p>	
<p>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.</p>	
<p>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.</p>	

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.