

AHAP-360 TENANT INCOME CERTIFICATION						Effective Date: _____	
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other _____						Move-in Date: _____	
						(MM/DD/YYYY)	
PART I - DEVELOPMENT DATA							
Property Name: _____				County: _____			
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		Social Security or Alien Reg. No.
1							
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	(H) Cash Value of Asset	(I) Annual Income from Asset			
TOTALS:			\$ _____	\$ _____			
Enter Column (H) Total				\$ _____			
Enter the total of column I				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.

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	\$ _____ _____ _____	Household Meets Income Restriction at:	RECERTIFICATION ONLY: Current Income Limit:
	\$ _____	<input type="checkbox"/> 50% <input type="checkbox"/> ____%	\$ _____ Household Income exceeds 50% at recertification:
Current Income Limit per Family Size:	\$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
Household Income at Move-in:	\$ _____		Household Size at Move-in: _____

PART VI. RENT

Tenant Paid Rent	\$ _____ _____	Rent Assistance:	\$ _____ _____
Utility Allowance	\$ _____ _____	Other non-optional charges:	\$ _____ _____
GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges)	\$ _____ _____	Unit Meets Rent Restriction at:	<input type="checkbox"/> 50% <input type="checkbox"/> ____%
Maximum Rent Limit for this unit:	\$ _____ _____		

PART VII. PROGRAM TYPE

Mark the program(s) listed below (a. through e.) 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.

PLEASE NOTE: This TIC form is AHAP-specific and cannot be used for any other program. If you mark any of the programs below other than AHAP, a separate TIC will need to be completed for that program (e.g., if the property has AHAP and HOME, this TIC will be completed in addition to a separate TIC for HOME).

a. Tax Credit <input type="checkbox"/> See Exhibit B.	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"/> <div style="border: 2px solid black; padding: 5px; text-align: center;"> Income Status </div> <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"/> ____% AMGI <input type="checkbox"/> ____% AMGI <input type="checkbox"/> OI**	e. <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td align="center" colspan="2"><i>(Name of Program)</i></td> </tr> </table> <i>Income Status</i> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> OI**		<input type="checkbox"/>	<i>(Name of Program)</i>	
	<input type="checkbox"/>							
<i>(Name of Program)</i>								

** Upon recertification, household was determined over-income (OI) according to 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 the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE	DATE
SIGNATURE OF OWNER/REPRESENTATIVE	DATE

INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

This form is to be completed by the owner or an authorized representative.

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.
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, racial/ethnicity (1 = White; 2 = Black; 3 = Native American; 4 = Asian/Pacific Islander; 5 = Hispanic; 6 = Not Available), and social security number or alien registration number for each occupant.

If there are more than 7 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 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.)
Column (G)	Enter C (for current, if the family currently owns or holds the asset)
Column (H)	Enter the cash value of the respective asset.

Column (I)	Enter the 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.
Row (K)	Enter the asset income total in Column (I) or
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 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.
Current Income Limit	For recertifications only. Determine the Current Maximum Income Limit and enter the total. Below, indicate whether the household income exceeds that total.

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.
Other non-optional charges	Enter the amount of <u>non-optional</u> charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Gross Rent for Unit	Enter the total of Tenant Paid Rent plus Utility Allowance and other non-optional charges.
Maximum Rent Limit for this unit	Enter the maximum allowable gross rent for the unit.
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.

Part VII – 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.

PLEASE NOTE: *This TIC form is AHAP-specific and cannot be used for any other program. If you mark any of the programs below other than AHAP, a separate TIC will need to be completed for that program (e.g., if the property has AHAP and HOME, this TIC will be completed in addition to a separate TIC for HOME).*

Tax Credit	See Part V above.
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 Assistance 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 tax credit program compliance.

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