

## EXHIBIT U – LIHTC ANNUAL RESIDENT CERTIFICATION

Property Name: \_\_\_\_\_ Property Number: \_\_\_\_\_  
Applicant/Resident: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

This form applies to 100% LIHTC properties ONLY. For the purpose of this form, self-certification of annual income, household composition, student status and collection of racial and ethnicity data of each household member is required.

### THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

For continued residency under the revised Section 42 program rules by the H.R. 3221 Housing and Economic Recovery Act of 2008, all low income tax credit households must certify annual income, household composition and student status annually.

**Please complete and mark the following that applies:**

#### **SECTION 1**

- ☐ *I/we hereby certify that there has been no change in the number of household members.*
- ☐ *I/we hereby certify there will be a change in the number of household members in the next 12 months.*
- ☐ *I/we hereby certify that all household members have completed the race ethnicity data and any additional information required to be collected for reporting requirements by the Section 42 program for each household member.*

#### **SECTION 2**

- ☐ *I/we hereby certify that there has been no change in the student status of any household member.*
- ☐ *I/we hereby certify that there will be a change in student status of a household member in the next 12 months. NOTE: Please complete the (Exhibit M) Certification of Student Eligibility form.*

#### **SECTION 3**

**The total HOUSEHOLD Annual Income from all income and assets is: \$**

- ☐ I/we hereby certify that there has been no change in employment and/or asset information.
- ☐ I/we hereby certify that there has been a change in employment and/or asset information and the total household income reflects the changes.

**NOTE: Any changes in student status and/or household composition not certified above must be reported to the owner/management agent immediately and must be approved prior to the change. Any changes above must be verified and qualification documented in the property household file.**

We/I understand that this Certification is made part of the qualification process to determine eligibility for residency. Any misrepresentation herein will be considered material breach of the Lease Agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above information to be true, as of the date shown below.

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.

_____/_____/_____ APPLICANT / RESIDENT	_____/_____/_____ DATE	_____/_____/_____ APPLICANT / RESIDENT	_____/_____/_____ DATE
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