

Tenant Self Certification Form

This form is used to report continued compliance activities with regard to the Restrictive Use Covenants, to document tenant household data required as a part of the Housing and Recovery Act enacted on July 30, 2008 for 100% Eligible Tax Credit Properties.

Part I – Development Data:

Property Name:		Unit Number:	
Property Address:		# Bedrooms	

Part II – Household Composition: Include all current household members and any anticipated new household members for the next 12 months.

HH Mbr#	Last	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student Next 12 Months?
1.					<input type="checkbox"/> Y <input type="checkbox"/> N
2.					<input type="checkbox"/> Y <input type="checkbox"/> N
3.					<input type="checkbox"/> Y <input type="checkbox"/> N
4.					<input type="checkbox"/> Y <input type="checkbox"/> N
5.					<input type="checkbox"/> Y <input type="checkbox"/> N
6.					<input type="checkbox"/> Y <input type="checkbox"/> N
7.					<input type="checkbox"/> Y <input type="checkbox"/> N

Part III – Gross Annual Income:

HH Mbr#	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income	(E) Asset Income
1.					
2.					
3.					
4.					
5.					
6.					
7.					
Totals	\$	\$	\$	\$	\$
Total Gross Income (a+b+c+d+e=F)				\$	

Include Income & Assets of:

All household members age 18 and older, and persons under the age of 18 who are treated as an adult because they are head of household, or co-head or spouse, and unearned income of minor children must be included in order to establish annual income. All income listed must be GROSS income (income before taxes and deductions).

Types of Income:

Other types of income include but are not limited to: tips, bonuses, commissions, military pay, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid.

Types of Assets:

Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate.

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Household Name: _____ Unit # _____

Part IV- DEMOGRAPHICS (OPTIONAL)

Providing one's race and ethnicity is an optional disclosure for applicants/tenants. Declining to do so will not affect your eligibility for this program. This is being tracked for informational purposes only.					
Race (Mark corresponding box(es) and indicate number in household)					
<input type="checkbox"/>	White _____	<input type="checkbox"/>	Native Hawaiian _____	<input type="checkbox"/>	Other multiple race combinations _____
<input type="checkbox"/>	Black/ African American _____	<input type="checkbox"/>	American Indian/ Alaskan Native _____	<input type="checkbox"/>	Asian/ Pacific Islander _____
Ethnicity (Mark Box(es) and indicate number in household) <input type="checkbox"/> Hispanic or Latino _____ <input type="checkbox"/> Not Hispanic or Latino _____					
<input type="checkbox"/> I do not wish to disclose Race or Ethnicity _____					

I agree to notify management IMMEDIATELY if:

- Anyone in my household becomes a fulltime student;
- My household composition changes in any way.

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. I agree to furnish any additional income or other documentation required by the property owner/management to document my/our household income.

_____	_____	_____
Head of Household Signature	Print Name	Date
_____	_____	_____
Other Household Adult Signature	Print Name	Date
_____	_____	_____
Other Household Adult Signature	Print Name	Date

OFFICIAL USE ONLY

Move in Date:	Household meets rent restriction at: 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> Other _____
Move out Date:	
Unit Transfer Unit # Transfer Date:	Household meets income restriction at: 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> Other _____
Rent Change Date:	
Tenant Paid Rent \$	Are ALL occupants' full time students? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, check student exemption: <input type="checkbox"/> TANF Assistance <input type="checkbox"/> Job Training Program <input type="checkbox"/> Married/Joint Return <input type="checkbox"/> Previous Foster Care <input type="checkbox"/> Single Parent/Dependent Child
Mandatory Charges \$	
Rental Subsidy \$	
Utility Allowance \$	
Gross Rent for Unit \$	

_____	_____	_____
Owner/Representative Signature	Print Name	Date