HOUSEHOLD ELIGIBILITY CERTIFICATION

PART I. DEVELOPMENT DATA

Property Name: _____ **Unit #:** _____

Household Name: _____

☐ Initial Certification

☐ Re-Certification

Current HH Size: _____   Effective Date: _____

Number of Bedrooms: _____   Original Certification Date: _____   If Transfer, from Unit #: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	FIRST NAME	LAST NAME	MI	REL TO HOH *	DOB (mm-dd-yyyy)	FULLTIME STUDENT	SSN last 4 digits
1				H			
2							
3							
4							
5							
6							
7							

* **H** = Head of Household, **S** = Spouse, **A** = Adult Co-Resident, **C** = Child, **F** = Foster Child/Adult, **L** = Live-in Caretaker, O =

PART III. GROSS ANNUAL INCOME (use annual amounts)

HH Mbr #	(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

HH Mbr #	(F) Type of Asset	(G) Current or Imputed	(H) Cash Value of Asset	(I) Annual Income from Asset
		TOTALS:		

Enter Column (H) Total if over $5,000   *Passbook Rate*

_____ X **0.06%** = Imputed Income **(J):** _____

TOTAL INCOME FROM ASSETS (K): _____
Enter the greater of the total of column I or J:

(L) TOTAL ANNUAL HOUSEHOLD INCOME *from all Sources [Add (E) + (K)]* $0

PART V. DETERMINATION OF INCOME ELIGIBILITY

FOR RE-CERTIFICATIONS ONLY:

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) _____

Current Income Limit x 140%: _____

Current Maximum Allowable Income: _____

Household Size at Move-In: _____

Household Income at Move-In: _____

Household Meets Income Restriction at:

○ 80%   ○ 50%   ○ 35%
○ 70%   ○ 45%   ○ 30%
○ 60%   ○ 40%   ○ 20%

Household Income Exceeds 140%

☐ YES   ☐ NO

Property Name: _____   **Unit #:** _____

Household Name: _____

PART VI. RENT

Household Paid Rent: _____   Maximum Allowable Rent for this Unit: _____

Utility Allowance: _____   Rent Assistance Type: _____   Amt: _____

Other Non-Optional Charges: _____   Unit Meets Rent Restriction at:

GROSS RENT FOR UNIT:
(Household paid rent plus Utility Allowance & other non-optional charges)

○ 80%   ○ 50%   ○ 35%
○ 70%   ○ 45%   ○ 30%
○ 60%   ○ 40%   ○ 20%

NOTE: AMIs applicable for Average Income Test - 80, 70, 60, 50, 40, 30 and 20%

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULLTIME STUDENTS?

YES ☐   NO ☐

If **"YES"**, Enter Student Explanation. Enter 1-5
(also attach documentation)   ☐

Student Explanation:

1   TANF Assistance
2   Job Training Program
3   Single Parent/Dependent Child
4   Married/Joint Return
5   Previous Foster Care Assistance

PART VIII. 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.

a. Tax Credit ☐   b. HOME ☐   c. Tax-Exempt Bond ☐   d. _____
                                                                                        Name of Program

See Part V Above

Income Status	Income Status	Income Status
○ ≤ 50% AMGI	○ ≤ 50% AMGI	○ _____
○ ≤ 60% AMGI	○ ≤ 60% AMGI	○ _____
○ ≤ 80% AMGI	○ ≤ 80% AMGI	○ _____
○ OI*	○ OI**	○ OI*

* Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

PART IX. SPECIAL-NEEDS COMMITMENT(S) MET BY HOUSEHOLD

☐ Disabled   ☐ Farm Worker   ☐ Homeless

☐ Elderly   ☐ Large Household   ☐ Transitional

Households cannot be counted toward more than one Special-Needs Set-Aside Commitment unless the property is 100% Elderly or 75 to 100% Farmworker; Homeless; or Transitional.

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in this Resident Eligibility Certification and on the accompanying Rental Eligibility Application is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Extended Use Agreement (Regulatory Agreement), to live in a unit at this Property.

_____   _____
Signature of Property Representative   Date

By signing below, I understand that the Owner is relying on this information in filing his/her tax return and that a State Agency and the Internal Revenue Service may review this information. I hereby swear that this document's information is true and complete to the best of my knowledge as of the effective date of this certification.

_____   _____   _____   _____
Head of Household Signature   Date   Member #2 Signature   Date

_____   _____   _____   _____
Member #3 Signature   Date   Member #4 Signature   Date

Property Name: _____ **Unit #:** _____

Household Name: _____

PART X. INCOME CALCULATION

Calculate annual income for all of the household's income sources. For wage earners, use separate line(s) to calculate additional employment compensation (e.g., overtime, tips, pay increases, bonuses, etc.). For each wage earner, also calculate their Year-to-Date earnings using the "YTD" section below. Count the greater of anticipated or YTD wage earnings. Circle or identify amounts used to calculate Total Household Annual Income [X].

Resident Name	Type of Income	Pay Frequency	Pay Rate (gross)	# hours per week	# weeks per year	# months per year	Annual Income

Additional for Wage Earners Only - Calculate Total Year-to-Date (YTD) Income

Resident Name	YTD Period Start Date	YTD Period End Date	Total YTD Amount		# of Weeks in YTD Period		Weekly Amount	x 52 = OR # of weeks	YTD Annual Income
				/		=		x 52 =	
				/		=		x 52 =	
				/		=		x 52 =	
				/		=		x 52 =	
				/		=			
				/		=			
				/		=			

TOTAL HOUSEHOLD ANNUAL INCOME: _____

PART XI. ASSET CALCULATION

Resident Name	Type of Asset	% Rate	YTD Income	Current Balance (Market Value)	Actual Income/ YTD Annualized	Fees to convert to cash?	Cash Value
					TOTAL:		TOTAL:	