

Tenant Income Certification (TIC)

☐ Initial Certification
 ☐ Recertification
 ☐ Other: _____

EFFECTIVE DATE

MOVE-IN DATE

PART I. PROJECT INFORMATION

PROPERTY NAME		COUNTY	
PROPERTY ADDRESS		UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME	CURRENT HOUSEHOLD SIZE	IF TRANSFER, FROM WHICH UNIT NUMBER	

PART II. HOUSEHOLD MEMBERS

HH #	Last Name	First Name and Middle Initial	Date of Birth (mm/dd/yyyy)	Relationship to Head of Household	Student Status**	Last 4 digits of SSN***
1	(HEAD OF HOUSEHOLD)			H*	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
2					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
3					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
4					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
5					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
6					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
7					<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	

*H = Head of Household; S = Spouse; A = Adult Co-Resident; C = Child; F = Foster Child/Adult; L = Live-In Aide; O = Other

FT = Full-Time; PT = Part-Time *Only the last 4 digits of the Social Security Number are required.

PART III: GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH #	(A) Employment	(B) Social Security/ Pensions	(C) Public Assistance	(D) Other Income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Totals	\$	\$	\$	\$
Total Income (E):				\$

PART IV: INCOME FROM ASSETS

HH #	(F) Description of Asset (Checking, Savings, CD, Trust, etc.)	(G) Current Asset or Dis- posed of for less than FMV	(H) Type of Asset (NNPP or Real Estate Property)	(I) Cash Value of Asset	(J) Type of Income (Actual or Imputed)	(K) Annual Income from Asset
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
Total Income from all Assets (L)						\$
Total Annual Household Income from All Sources [Add (E) +(L)]						\$

PART V. DETERMINATION OF INCOME ELIGIBILITY

**Total Annual Household Income
from All Sources**
From Part IV

\$

Current Income Limit per HH Size	\$
Household Income at Move-In	\$
Household Size at Move-In	

**Household
Meets Income
Restriction at:**

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

Recertification Only:

Designated Income
Limit x 140%:

Household income exceeds
140% at recertification:

☐ Yes ☐ No

NOTE: 20%, 70%, and 80% AMIs only
applicable for projects with Average
Income Test federal election.

PART VI: RENT

Tenant Rent: \$

Utility Allowance: \$

Rental Assistance: \$

Other Non-Optional/
Mandatory Fees: \$

Fee Description:

Gross Rent for Unit:

\$

Unit Meets Rent Restriction at:

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

NOTE: 20%, 70%, and 80% AMIs only applicable for projects with Average Income Test federal election.

Is the source of rental assistance federal?

☐ Yes

☐ No

Be sure to choose the correct rental assistance Subsidy Type in WBARS.

PART VII: STUDENT STATUS

Are all occupants Full-Time Students?

☐ Yes ☐ No

If yes, select the exception below and attach the documentation:

☐ TANF assistance

☐ Previously in state foster care system

☐ Job Training Program

☐ Single parent/
dependent child

☐ Married, filing jointly

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. Indicate the household's income status as established by this certification/recertification.

a. Tax Credit	b. HOME	c. Tax-Exempt Bond	d. National HTF	e. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
See Part V above.		Income Limit: <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**		Income Limit: <input type="checkbox"/> _____ % <input type="checkbox"/> _____ % <input type="checkbox"/> OI**

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

PART IX: STATE SPECIAL NEEDS COMMITMENTS MET BY HOUSEHOLD

☐ Persons with Disabilities

☐ Large Household

☐ Elderly

☐ Farm Worker

☐ Homeless

☐ Transitional

Note that households cannot be counted toward more than one Special Needs Commitment unless the project is 100% Elderly; or 75-100% Farmworker; or 75-100% Homeless.

SIGNATURE OF OWNER/REPRESENTATIVE

I certify, based on the representations herein and upon the proofs and documentation required to be submitted, that the individual(s) named in Part II of this form is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Regulatory Agreement to live in a unit in this Project:

OWNER/REPRESENTATIVE NAME (PRINT)	OWNER/REPRESENTATIVE TITLE (PRINT)	EMAIL ADDRESS
OWNER/REPRESENTATIVE SIGNATURE		DATE (mm/dd/yyyy)

SIGNATURE OF APPLICANT(S)

By signing below, I understand that the Owner is relying on this information in filing their tax return and that a State Housing Finance Agency and the federal Internal Revenue Service (IRS) may review this information. I hereby swear that the information in Parts II, III and IV of this form is true and complete to the best of my knowledge as of the effective date of this certification:

HEAD OF HOUSEHOLD SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
ADULT HOUSEHOLD MEMBER #2 SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
ADULT HOUSEHOLD MEMBER #3 SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
ADULT HOUSEHOLD MEMBER #4 SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
ADULT HOUSEHOLD MEMBER #5 SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)