

# Household Eligibility Certification Instruction

**Purpose:** To summarize a household's qualification for tax credit or bond-financed properties. This form is to be completed by on-site personnel or other representative of the Owner.

## General Information:

This form is designed to be filled out electronically. Fill out all fields on-screen and then print the form at the time it will be signed. Note that several fields on Page 1 will fill in automatically. In the instructions below, any auto-fill field will be noted by the word "auto" at the end of the instructions for that field. Be sure to use the income and rent limits for the correct county, income set-aside percentage, and correct number of household members.

**Note:** Signatures of Resident/Applicant member are optional based on Owner/Management requirements.

## Specific Instructions:

### PART I. DEVELOPMENT DATA

1. Enter the property name.
2. Enter the unit number.
3. Enter the Household name.
4. Enter the number of persons in the household.
5. Enter the number of bedrooms in the unit.
6. Enter the Effective Date of this certification, i.e., the date the lease is effective or the recert effective date. (mm-dd-yyyy)
7. Enter the effective date of the **initial** certification (the date the household originally took occupancy of the unit or the date they were first certified on a rehab). (mm-dd-yyyy)
8. Enter "X" in the appropriate box to indicate what type of certification this is (Initial or Re-Certification).

### PART II. HOUSEHOLD COMPOSITION

9. Enter household members' names.
10. Choose relationship to HOH from drop down menu: spouse, adult co-resident, child, foster child/adult, live-in caretaker, or other.
11. Enter date of birth. (mm-dd-yyyy)
12. Enter student status: Choose "Yes" from dropdown menu if resident has been or will attend school fulltime for five calendar months.
13. Enter last four digits of Social Security Number. If household member does not have a Social Security number, enter "N/A."

### PART III. GROSS ANNUAL INCOME

14. Enter household member number as listed in Part II for any household member with income.
15. Enter employment or wages, Social Security or pensions, public assistance or other income for each household member that has income. (automatically rounds to nearest dollar)

16. Enter totals for each column. (auto)
17. Add the totals from columns (A) through (D), above. Enter this amount as the Total Income (E). (auto)

#### PART IV. INCOME FROM ASSETS

18. Enter household member number as listed in Part II for any household member with assets.
19. Choose type of asset (F) from the dropdown menu.
20. Choose C (for Current) – if the family currently owns or holds the asset, or Enter I (for Imputed) – if the family has disposed of the asset for less than fair market value within two years of the effective date of certification from the dropdown menu.
21. Enter the cash value of each asset (H).
22. Enter annual income for each asset (I).
23. Enter asset totals for columns (H) and (I). (auto)
24. Enter total from column (H), Cash Value of Asset, **only** if total is over \$5,000 and multiply by 2% = imputed income (J). (auto)
25. Enter the greater of the total of column (I) or (J) = (K). (auto)
26. Enter total annual household income [(E) plus (K) equal (L)]. (auto)

#### PART V. DETERMINATION OF INCOME ELIGIBILITY

27. Enter amount from line (L). (auto)
28. Enter the Maximum Allowable Income Limit, based on household size.  
**Use most restrictive Limit per all funder requirements.**
29. Enter the household size at the time of move-in.
30. Enter the household's income at the time of move-in.
31. Click in the circle corresponding to the income set-aside percentage being selected for the household.
32. For recertifications, enter Maximum Allowable Income Limit multiplied by 140%. (auto)
33. Check "Yes" or "No" indicating if household income exceeds 140% of Income Limit. (auto)

#### PART VI. RENT

34. Enter portion of rent that household pays.
35. Enter Maximum Allowable Rent (Use most restrictive Limit per all funder requirements).
36. Enter correct utility allowance.
37. Enter the type and amount of rental assistance, if any. (i.e. Section 8/\$400)
38. Enter amount of any non-optional charges.
39. Enter the gross rent. This amount is household portion of rent paid plus utility allowance and other non-optional charges. (auto)
40. Click in the circle corresponding to the rent set-aside percentage being selected for the household.

**PART VII. STUDENT STATUS**

41. Check "Yes" or "No" indicating whether all occupants are fulltime students.
42. If "Yes" was checked, enter the appropriate student explanation number in the box.

**PART VIII. PROGRAM TYPE**

43. Mark the program(s) for which this household's unit will be counted toward the property's occupancy requirements.

**PART IX. SPECIAL-NEEDS COMMITMENTS MET BY HOUSEHOLD**

44. Check appropriate box(es) if household meets a special-needs population the property owner elected to serve.
45. The Owner or Owner's representative **must** sign and date on this line.
46. Signatures of household members are **optional** on this form based on requirements of the owner and management company.

**PART X. INCOME CALCULATION**

**NOTE:** *[If your company has its own calculation worksheet] this page is optional. Remember to include this page or your company's version showing how income was calculated.*

47. Enter the name of each household member who has any income.
48. Enter the type of income the household member receives (e.g. unemployment, wages, tips, Social Security, TANF, pension, regular gift, etc.).
49. Enter the frequency of pay; Hourly, Weekly, Bi-weekly, Monthly or Annually.
50. Enter the rate of gross pay or payment. If the resident is paid hourly, enter the hourly amount. If paid weekly, enter the weekly amount. If paid bi-weekly, enter that amount etc.
51. If paid hourly, enter the number of hours worked per week.
52. If paid weekly or bi-weekly, enter the number of weekly or bi-weekly payments per year.
53. If paid monthly, enter the number of monthly payments per year.
54. Enter the total annual income by multiplying the appropriate columns.  
**For lines 54 through 61: Calculate Year-to-Date annual income for each household wage-earner. Compare the calculated annual income (column 54) to the YTD calculated annual income (column 61) and count whichever total is greater.**
55. Enter the name of each wage-earning household member.
56. In the YTD Period column, enter the start and end dates of the YTD period from the Employment Verification form or from the paystub.
57. Enter the total amount of income paid to the household member during this period of time.
58. Enter the number of weeks from start date to end date. Do not round partial weeks up to the next week.
59. After dividing the YTD amount by the number of weeks in the period, enter the result in the Weekly Amount column. (auto)

60. If employment is not for a full 52 weeks per year, use one of the lower rows and enter number of weeks worked in year in the blank.
61. Multiply the weekly amount by # of weeks worked and enter the result in the YTD Annual Income column. (auto)
62. Enter the total *anticipated* gross annual income for all household members.  
To do this, circle or put an asterisk next to the annual income amounts to be totaled for all household members, then add these amounts together. For wage earners, circle/asterisk the higher of their annual income in the top income section, or their annual income as calculated in the YTD section.

#### PART XI. ASSET CALCULATION

**NOTE:** *This section is optional. Assets may be listed directly in Part IV.*

63. Enter the name of each household member with assets.
64. Enter the type of asset the household member has (e.g. checking or savings account, CD, stocks, bonds, annuity payments, real estate, etc.).
65. Enter the interest rate, if applicable. If an asset does not accumulate interest, leave this field blank or indicate N/A.
66. Only use if the asset in question doesn't have a % rate (#65), but does show a year-to-date income amount on the asset verification (e.g. stock portfolios, mutual funds, IRA's, etc.) Annualize the YTD amount and place it in (#68). Each asset should only have a % rate (#65) or YTD income (#66) – NOT both.
67. Enter the current balance or market value of the asset.
68. Enter the anticipated annual income from the asset by multiplying the interest rate earned by the market value/current balance. If no income is earned, enter "0."

**NOTE:** *For assets with YTD amounts listed in (#66), calculate based on YTD statement/analyzing YTD amount.*

69. Enter any fees that might be incurred to convert an asset to cash. For example, many CDs, IRAs and annuities may have penalties for early withdrawal. For the sale of real estate, deduct 10% of the value and enter that amount as fees.
70. Enter the cash value of the asset. If liquidating the asset incurs some kind of fee, then the amount in this column is the result of subtracting (#69) from (#67). If there are no fees involved, enter the amount from (#67).
71. Add the anticipated income from all assets and enter here. (auto)
72. Add the cash value of all assets and enter here. (auto)

# HOUSEHOLD ELIGIBILITY CERTIFICATION

## PART I. DEVELOPMENT DATA

**Property Name:** (1) \_\_\_\_\_ **Unit #:** (2) \_\_\_\_\_  
**Household Name:** (3) \_\_\_\_\_ (8) Initial Certification  
 Current HH Size: (4) \_\_\_\_\_ Effective Date: (6) \_\_\_\_\_ (8) Re-Certification  
 Number of Bedrooms: (5) \_\_\_\_\_ Original Certification Date: (7) \_\_\_\_\_ 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	(9)	(9)	(9)	H	(11)	(12)	(13)
2				(10)			
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
(14)	(15)	(15)	(15)	(15)
TOTALS:	(16)	(16)	(16)	(16)
<i>Add totals from (A) through (D), above</i>				<b>TOTAL INCOME (E):</b> (17)

## 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
(18)	(19)	(20)	(21)	(22)
TOTALS:			(23)	(23)
<i>Enter Column (H) Total if over \$5,000</i>		<i>Passbook Rate</i>		
(24)	X	2.00%	=	Imputed Income (J): (24)
<b>TOTAL INCOME FROM ASSETS (K):</b>				(25)
<i>Enter the greater of the total of column I or J:</i>				
<b>(L) TOTAL ANNUAL HOUSEHOLD INCOME</b> <i>from all Sources [Add (E) + (K)]</i>				(26)

## PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L)	(27)	Household Meets Income Restriction at:	(31)	<b>FOR RE-CERTIFICATIONS ONLY:</b>
Current Maximum Allowable Income:	(28)	<input type="radio"/> 60%	<input type="radio"/> 50%	Current Income Limit x 140%:
Household Size at Move-In:	(29)	<input type="radio"/> 45%	<input type="radio"/> 40%	(32)
Household Income at Move-In:	(30)	<input type="radio"/> 35%	<input type="radio"/> 30%	Household Income Exceeds 140%:
		<input type="radio"/> 80% Bond Only		(33) <input type="checkbox"/> YES <input type="checkbox"/> NO

Property Name: (1) \_\_\_\_\_ Unit #: (2) \_\_\_\_\_

Household Name: (3) \_\_\_\_\_

**PART VI. RENT**

Household Paid Rent: \_\_\_\_\_ (34)

Maximum Allowable Rent for this Unit: \_\_\_\_\_ (35)

Utility Allowance: \_\_\_\_\_ (36)

Rent Assistance Type: \_\_\_\_\_ (37) Amt: \_\_\_\_\_ (37)

Other Non-Optional Charges: \_\_\_\_\_ (38)

Unit Meets Rent Restriction at: (40)

- 60%       50%
- 45%       40%
- 35%       30%

GROSS RENT FOR UNIT: (39)  
*(Household paid rent plus Utility Allowance & other non-optional charges)*

**PART VII. STUDENT STATUS**

ARE ALL OCCUPANTS FULLTIME STUDENTS? (41)  
YES  NO

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

If "YES", Enter Student Explanation (42)  
Enter 1-5  
(also attach documentation)

**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   
See Part V Above

b. HOME   
Income Status  
 ≤ 50% AMGI  
 ≤ 60% AMGI  
 ≤ 80% AMGI  
 OI\*

c. Tax-Exempt Bond   
Income Status  
 ≤ 50% AMGI  
 ≤ 60% AMGI  
 ≤ 80% AMGI  
 OI\*\*

d. \_\_\_\_\_  
Name of Program  
Income Status  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 OI\*

(43)

\* 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**

- (44)  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.

\_\_\_\_\_  
(45) Signature of Property Representative      (45) 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.

\_\_\_\_\_  
(46) Head of Household Signature      Date      Member #2 Signature      Date

\_\_\_\_\_  
Member #3 Signature      Date      Member #4 Signature      Date

