TENNESSEE HOUSING DEVELOPMENT AGENCY HOUSEHOLD INCOME CERTIFICATION

☐ Initial Certification ☐ Recertification

Effective Date: (MM/DD/YY)	
Move-in Date: (MM/DD/YY)	

PART I – PROPERTY DESCRIPTION DATA

BIN:		Unit Number:		No. of Bedrooms:	

PART II. HOUSEHOLD COMPOSITION

HH Mbr.	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Last 4 Digits Social Security .	Race	Ethnicity	Disabled?
1			HEAD						
2									
3									
4									

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment/ Wages/Comm.	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Child Support/ Alimony/ Unemp.
TOTALS	$	$	$	$

Add totals from (A) through (D) above **TOTAL INCOME (E):** $

PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Anticipated Annual Income
		TOTALS:	$	$

Enter Column (H)Total if over $5000	$	Passbook Rate X 2.00%	= (J) IMPUTED INCOME	$
Enter the greater of the total of column I: anticipated annual income or column J: imputed income		**TOTAL INCOME FROM ASSETS (K):**		$

(L) Total Annual Household Income from all Sources [Add (E) + (K)]: **$**

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

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.

Signature	**Date**	**Signature**	**Date**
Signature	**Date**	**Signature**	**Date**

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PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1 $

Current Income Limit per Family Size: $

Household Income at Move-in: $

Household Size at Move-in:

Household Meets Income Restriction at:

☐ 60% ☐ 50%
☐ 40% ☐ 30%
☐_____%

RECERTIFICATION ONLY:

Maximum Income Limit x 140%
$

Household Income exceeds 140% of maximum income limit at recertification:

Yes ☐ No ☐

PART VI. RENT

Tenant Paid Rent	$	Rental Assistance:	$
Utility Allowance	$	Other non-optional charges:	$
GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges)	$	Unit Meets Rent Restriction at: ☐ 60% ☐ 50% ☐ 40% ☐ 30% ☐_____%	
Maximum Rent Limit for this unit:	$		

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?* ☐ YES ☐ NO
If yes, Enter student explanation below (attach documentation).

Enter 1-5:

***Student Explanation:**
1 TANF assistance
2 Job Training Program
3 Single parent/dependent child
4 Married/joint return
5 Foster Program

PART VIII. CHILD SUPPORT/ALIMONY

The owner/representative must question and/or determine from support documents if any member of the household receives or is entitled to receive child support or alimony as a source of unearned income. **Support documents (divorce decree, separation agreement, or court order) must be in the resident's file and available for inspection by THDA Compliance Staff.** Please check the applicable box for this household.

☐ The household **has been awarded** child support or alimony.

☐ The household **has not been awarded** child support or alimony.

☐ The household **has been awarded** child support or alimony, but **is not receiving** the payments and is seeking legal recourse to collect the payments.

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Household Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Property.

Signature Of Owner/Representative **Date**

INSTRUCTIONS FOR COMPLETING HOUSEHOLD INCOME CERTIFICATION

This form is to be completed by the owner or an authorized representative.

Part I – Property Description Data

Check the appropriate box for Initial Certification (move-in) or Recertification (annual certification).

Effective Date	Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.
Move-in Date	Enter the date the applicant/resident has or will take occupancy of the unit.
BIN #	Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609).
Unit Number	Enter the unit number.
# Bedrooms	Enter the number of bedrooms in the unit.

Part II - Household Composition

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following coded definitions:

H	Head of Household	C	Child	N	None of the above
S	Spouse	O	Other family member	L	Live-in caretaker
A	Adult co-tenant	F	Foster child/adult		

Enter the date of birth, student status, and social security number or alien registration number for each occupant. *If there are more than 4 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.*

List the race of each occupant by using one of the following coded definitions:

1	White	2	Black/African American	3	American Indian/Alaska Native
4	Asian	5	Native Hawaiian/Other Pacific Islander		

Enter each household member's ethnicity by using one of the following coded definitions:

1—Hispanic or Latino 2—Not Hispanic or Latino

Check yes if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201.
- "Handicap" does not include current, illegal use or addiction to a controlled substance.

The housing credit agency administering its low-income housing credit program must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the housing credit agency shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.

Part III - Annual Income

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income, including acceptable forms of verification.

From the third party verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

Column (A) Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.

Column (B) Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.

Column (C) Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).

Column (D) Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.

Row (E) Add the totals from columns (A) through (D), above. Enter this amount.

Part IV - Income from Assets

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

From the third party verification forms obtained from each asset source, list the gross amount anticipated during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

Column (F) List the type of asset (i.e., checking account, savings account, etc.)

Column (G) Enter C (for current, if the family currently owns or holds the asset), or 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 (re)certification).

Column (H) Enter the cash value of the respective asset.

Column (I) Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).

TOTALS Add the total of Column (H) and Column (I), respectively.

If the total in Column (H) is greater than $5,000, you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by 2% and enter the amount in (J), Imputed Income.

Row (K):		Enter the greater of the total in Column (I) or (J)
Row (L):	Total Annual Household Income From all Sources	Add (E) and (K) and enter the total

HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Household Income Certification. For move-in, it is recommended that the Household Income Certification be signed no earlier than 5 days prior to the effective date of the certification.

Part V – Determination of Income Eligibility

Total Annual Household Income from all Sources	Enter the number from item (L).
Current Income Limit per Family Size	Enter the Current Move-in Income Limit for the household size.
Household income at move-in	For recertifications, only. Enter the household income from the move-in certification.
Household size at move-in	On the adjacent line, enter the number of household members from the move-in certification.
Household Meets Income Restriction	Check the appropriate box for the income restriction that the household meets according to what is required by the set-aside(s) for the project.
Maximum Income Limit x 140%	For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% of the current maximum income limit, then the available unit rule must be followed.

Part VI - Rent

Household Paid Rent	Enter the amount the household pays toward rent (not including rental assistance payments such as Section 8, Rural Development RA, etc.).
Rental Assistance	Enter the amount of rental assistance, if any.
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Other non-optional charges	Enter the amount of <u>non-optional</u> charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Gross Rent for Unit	Enter the total of Household Paid Rent plus Utility Allowance and other non-optional charges.
Maximum Rent Limit for this unit	Enter the maximum allowable gross rent for the unit.
Unit Meets Rent Restriction at	Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project.

Part VII - Student Status

If all household members are full time* students, check “yes”. If at least one household member is not a full time student, check “no”.

If “yes” is checked, the appropriate exemption <u>must</u> be listed in the box to the right. If none of the exemptions apply, the household is ineligible to rent the unit.

**Full time is determined by the school the student attends.*

Part VIII – Child Support/Alimony

The owner/owner's representative must determine from support documents whether the household receives or should receive child support and/or alimony. Please check the applicable box for each household and maintain support documents on-site for inspection purposes.

SIGNATURE OF OWNER/REPRESENTATIVE

It is the responsibility of the owner or the owner's representative to sign and date this document immediately following execution by the resident(s).

The responsibility of documenting and determining eligibility (including completing and signing the Household Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in housing credit compliance.

These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.