

TENNESSEE HOUSING DEVELOPMENT AGENCY
INSTRUCTIONS FOR COMPLETING HOUSEHOLD INCOME CERTIFICATION
This form is to be completed by the owner or an authorized representative.

PART I. DEVELOPMENT DATA

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, designate the purpose of the recertification (i.e., resyndication, a unit transfer, a change in household composition, or other state-required recertification).

Type of Certification	Effective Date	Initial LIHC Qualification Date	Move-in Date
New Move In	Same as LIHC Qualification Date	Same as Move-in Date	Date resident first moved into the project.
Acquisition/Rehab	Same as LIHC Qualification Date	<ul style="list-style-type: none"> • Date of acquisition if executed before/after 120 days of the date of the acquisition • Date of tenant signature acquisition if executed after 120 days of the date of the acquisition • New Move-in (see above) 	Date resident first moved into the property.
Resyndication	<ul style="list-style-type: none"> • When grandfathering in residents in place at time of new LIHC allocation- Initial LIHC Qualification Date • When completing a new LIHC certification of in place resident under the new LIHC allocation- Date of Resident Signature • New Move-in (see above) 	Date first determined to be income eligible for the LIHC program under the existing extended use agreement (should be same as Move-in Date; see above)	Date resident first moved into the project (under the original LIHC allocation).
Recertification	Annual anniversary of the Initial LIHC Qualification Date	Based on Type of Certification (see above)	Date resident first moved into the project.
Transfer	Date of Transfer	<ul style="list-style-type: none"> • Transfer within the same building or within the same multiple building project: See Move-in Date • Transfer to a different building that is a separate project due to line 8b election: Date of transfer 	Date resident first moved into the project.

Property name Enter the name of the development.

County Enter the county (or equivalent) in which the building is located.

BIN Enter the building identification number (BIN) assigned to the building (from IRS Form 8609).

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- Address** Enter the address of the building.
- 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	S	Spouse
A	Adult co-tenant	C	Child
L	Live-in caretaker	O	Other
F	Foster child(ren)/adult(s)		

Enter the date of birth (in MM/DD/YYYY format), student status, and Social Security number or alien registration number for each occupant. If Social Security/Noncitizen Registration numbers are not available, enter "0000". Student Status is determined by the academic institution.

If there are more than seven (7) occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

PART III. ANNUAL INCOME

From the verification forms obtained from each income source, enter the gross amount anticipated to be received for the 12 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.
- Column (E)** Add the totals from columns (A) through (D), above. Enter this amount.

If there are more than four (4) income lines, use an additional sheet of paper to list the remaining income lines and attach it to the certification.

PART IV. INCOME FROM ASSETS

Complete **PART IVA** or **PART IVB** based on the verified value of the Non-necessary Personal Property (NNPP) Real Property, and Federal Tax Refunds/Credits.

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PART IVA. INCOME FROM ASSETS- LESS THAN OR EQUAL TO IMPUTED INCOME LIMITATION

When the total verified net cash value of the NNPP, Real Property, and Tax Refunds/Credits is less than or equal to the [Imputed Income Limitation as adjusted](#), only the actual income from each asset (as verified) is considered income.

Enter the total of the verified actual income from all assets in (F).

From the *ASSET SELF-CERTIFICATION WORKSHEET*, enter value from either Part I, Line 7 OR Part II, Line 13.

PART IVB. INCOME FROM ASSETS- GREATER THAN IMPUTED INCOME LIMITATION

From the third-party verification forms obtained from each asset source, list the gross amount anticipated to be received during the 12 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 (G) | List the type of asset (i.e., checking account, savings account, etc.) |
| Column (H) | <ul style="list-style-type: none">- Enter C for current, if the family currently owns or holds the asset; or,- Enter D for disposed, 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 (I) | <ul style="list-style-type: none">- Enter NNPP when the asset is categorized as Non-necessary Personal Property; or,- Enter Real when the asset is categorized as Non-necessary Personal Property,- Enter Tax Ref when there has been a Federal Tax Refund or Federal Tax Credit received within a year of the TIC effective date. <i>This is treated as a negative value when calculating the net cash value of the assets.</i> |
| Column (J) | Enter the cash value of the respective asset. |
| Column (K) | <ul style="list-style-type: none">- Enter A if asset income for that asset is actual income; or,- Enter I if asset income for that asset is imputed. |
| Column (L) | Enter the annual income from the asset (i.e., savings account balance multiplied by the annual interest rate). If actual income can be determined, use actual income. If actual income cannot be determined, calculate the imputed income for that asset instead using the current HUD-published passbook savings rate. |
| Column (M) | Add the totals from column (L) |

PART V. TOTAL HOUSEHOLD INCOME

Total household income is the amount of income from all sources and includes the values from **PART III. ANNUAL INCOME** plus any income derived from assets under **PART IV. ASSETS**.

If **PART IVA. INCOME FROM ASSETS - LESS THAN OR EQUAL TO IMPUTED INCOME LIMITATION** was completed because the total net value from both Non-necessary Personal Property (NNPP) and Real Property has been verified as less than or equal to the [Imputed Income Limitation as adjusted](#), *then*:

$$\text{TOTAL HOUSEHOLD INCOME} = (\text{E}) + (\text{F})$$

If **PART IVB. INCOME FROM ASSETS – GREATER THAN IMPUTED INCOME LIMITATION** was completed because the total net value from both Non-necessary Personal Property (NNPP) and Real Property has been verified as greater than [the Imputed Income Limitation as adjusted](#), *then*:

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TOTAL HOUSEHOLD INCOME = (E) + (M)

HOUSEHOLD CERTIFICATION & SIGNATURE(S)

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 five (5) days prior to the effective date of the certification.

Total Annual Household Income from All Sources	Enter the number from PART V. TOTAL HOUSEHOLD INCOME
Current Income Limit per Family Size	Enter the Current Move-in Income Limit for the household size at the designated income limit for that unit.
Household Income at Move-In	For recertifications only. Enter the household income from the move-in certification.
Household Size at Move-In	For recertifications only. 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 minimum set-aside(s) for the project, including the specific unit designation for Average Income Test Projects.
Current Income Limit x 140%	For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% (170% for Deep Rent Skewed) and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% (170% for Deep Rent Skewed) of the current income limit, then the available unit rule must be followed. For units designated at 50 percent or below in Average Income Test developments, use 60% limit for Current Income Limit.

PART VII. RENT

Tenant Paid Rent	Enter the amount the household pays toward rent (not including rent assistance payments such as Section 8).
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Rental Assistance	Enter the amount of rental assistance, if any.
Other Non-Optional / Mandatory Fees	Enter the amount of non-optional / mandatory fees, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Gross Rent for Unit	Enter the total of resident paid rent plus utility allowance and other non-optional/mandatory fees.
Source of Rental Assistance	Check whether the rental assistance is provided under a federal rental assistance program. If so, check the type of federal rental assistance in one of the boxes below. If the rental assistance is not provided under a federal rental assistance program, indicate the source of the assistance.

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**Unit Meets Rent
Restriction at**

Check the appropriate rent restriction that the unit meets according to what is required by the minimum set-aside(s) for the project, including the specific unit designation for Average Income Test developments.

PART VIII. 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 must be listed in the box to the right. If none of the exemptions apply, the household is ineligible to rent the unit.

PART IX. PROGRAM TYPE

Mark the program(s) 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. If the property does not participate in the HOME Investment Partnerships (HOME) program, Tax-Exempt Housing Bond, Housing Trust Fund (HTF), or other housing program, leave those sections blank.

Housing Credit

See Part VI above.

HOME

If the property receives financing from the HOME program and the unit this household will occupy will count toward the HOME program set-asides, mark the appropriate box indicating the household's income designation for purposes of HOME.

**Tax-exempt Housing
Bond**

If the property receives financing from the tax-exempt Housing Bond program, mark the appropriate box indicating the household's income designation for purposes of the Housing Bond program.

National HTF

If the property receives financing from HTF and this household's unit will count towards the HTF set-aside requirements, mark the appropriate box indicating the household's income designation for purposes of HTF.

Other

If the property participates in any other affordable housing program, complete the information as appropriate.

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 resident 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 housing credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.