

TENNESSEE HOUSING DEVELOPMENT AGENCY

TENANT INCOME CERTIFICATION

Initial Certification
 Recertification
 Other* _____

Effective Date: _____
 Initial LIHC Qualification Date: _____
 Move-in Date: _____

PART I. DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____
 Address: _____ Unit Number: _____ #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 (circle one)	Last 4 Digits of Social Security No.
1					FT / PT / NAP	
2					FT / PT / NAP	
3					FT / PT / NAP	
4					FT / PT / NAP	
5					FT / PT / NAP	
6					FT / PT / NAP	

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

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

PART IV. ASSETS

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

Total net value from Non-necessary Personal Property (NNPP), Real Property, and Federal Tax Refunds/Credits has been verified as **LESS** than or **EQUAL** to the Imputed Income Limitation

Enter Total of **ACTUAL INCOME** earned from all Assets (F) \$ _____

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

Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as **GREATER** than the Imputed Income Limitation.

HH Mbr#	(G) Type of Asset	(H) C/D	(I) NNPP / Real/ Tax Relief	(J) Cash Value of Asset	(K) A/I	(L) Annual Income from Asset
Enter Total Income from all Assets (M)						\$ _____

PART V. TOTAL HOUSEHOLD INCOME

Total Annual Household Income from All Sources [Add (E) + (F) **OR** (E) + (M)] \$ _____

HOUSEHOLD CERTIFICATION & SIGNATURE(S)

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 VI. DETERMINATION OF INCOME ELIGIBILITY

RECERTIFICATION ONLY:	
TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$ _____ From Part V. on Page 1	Designated Income Restriction: Designated Income Limit x 140% (170% for Deep Rent Skewing): \$ _____ (Designated Income Limit: 20-50 properties use 50%; 40-60 properties use 60%; Average Income Test properties use 60% for all units with income designations that are 60% or lower and actual unit designation for units at 70% and 80%)
Current Income Limit per Family Size: \$ _____	Household is over income at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Household Income at Move-in: \$ _____	Household Size at Move-in: _____
Designated Income Restriction: <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> _____%	

PART VII. RENT

Tenant Rent: \$ _____ Utility Allowance: \$ _____ Rental Assistance: \$ _____ Other non-optional / mandatory fees: \$ _____ Gross Rent for Unit (See Instructions): \$ _____	Unit Meets Rent Restriction at: <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> _____%
Is the source of Rental Assistance Federal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is the source of the assistance? _____
<input type="checkbox"/> HUD Multi-Family Project-Based Rental Assistance (PBRA) <input type="checkbox"/> HUD Section 8 Moderate Rehabilitation <input type="checkbox"/> Public Housing Operating Subsidy <input type="checkbox"/> HOME Tenant Based Rental Assistance (TBRA)	<input type="checkbox"/> HUD Housing Choice Voucher (HCV-tenant based) <input type="checkbox"/> HUD Project-Based Voucher (PBV) <input type="checkbox"/> USDA Section 521 Rental Assistance Program <input type="checkbox"/> Other Federal Rental Assistance _____

PART VIII. STUDENT STATUS

Are all occupants Full-Time Students? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, enter Student Explanation* and attach documentation Enter 1-5: _____	Student Explanation: 1. TANF assistance 2. Previously in state foster care system 3. Job Training Program 4. Single parent/dependent child 5. Married/joint return
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PART IX. 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.

a. Housing Credit <input type="checkbox"/>	b. HOME <input type="checkbox"/>	c. Tax-exempt Housing Bond <input type="checkbox"/>	d. National HTF <input type="checkbox"/>	e. _____ <input type="checkbox"/>
See Part VI above.	<i>Income Status:</i>	<i>Income Status:</i>	<i>Income Status:</i>	<i>Income Status:</i>
	<input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> Over Income	<input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> Over Income	<input type="checkbox"/> 30%/Poverty Line <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> Over Income	<input type="checkbox"/> _____% <input type="checkbox"/> _____% <input type="checkbox"/> Over Income

SIGNATURE OF OWNER/REPRESENTATIVE

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

 Owner/representative Signature

 Date

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