

**TENNESSEE HOUSING DEVELOPMENT
AGENCY CONTINUING RESIDENCY
CERTIFICATION**

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

PART I – PROPERTY DESCRIPTION DATA

BIN:		Unit Number:		No. of Bedrooms:	
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PART II. HOUSEHOLD COMPOSITION

HH Mbr.	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YY YY)	F/T Student (Y or N)	Last 4 Digits Social Security	Race	Ethnicity	Disabled?
1			HEAD						
2									
3									
4									
5									
6									

PART III. 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: <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"/> __%	
Maximum Rent Limit for this unit:	\$		

PART IV. STUDENT STATUS

<p>ARE ALL OCCUPANTS FULL TIME STUDENTS?* <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Enter student explanation below (attach documentation).</p>	<p>*Student Explanation: 1 TANF assistance 2 Job Training Program 3 Single parent/dependent child 4 Married/joint return 5 Foster Program</p>
Enter 1-5: <input type="checkbox"/>	

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine continuing household residency eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of household eligibility. I/we agree to notify the landlord immediately upon any member becoming a full time student. 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.

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.

I understand that Tennessee Housing Development Agency (THDA) receives federal funds, specifically from the United States Department of Housing and Urban Development (HUD), that require monitoring of specific programming within THDA and its sub-grantees. A part of this monitoring process may be to review a portion of my household demographics, including but not limited to income and rent and address information. In signing this form, I authorize THDA to share all information required by HUD to monitor compliance with federal regulations.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

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
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INSTRUCTIONS FOR COMPLETING CONTINUING RESIDENCY 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.

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	4a	Asian India	4b	Chinese
4c	Filipino	4d	Japanese	4e	Korean
4f	Vietnamese	4g	Other Asian	5	Native Hawaiian/Other Pacific Islander
6	Other	8	Tenant did not respond	9	Missing, not collected

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

1	Hispanic or Latino	2	Not Hispanic or Latino
3	Tenant did not respond	4	Missing, not collected

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://fairhousing.com/legal-research/hud-regulations/24-cfr-100201-definitions>.
- "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 - 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 IV - 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.

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

HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of eligibility have been received, each household member age 18 or older must sign and date the Continuing Residency Certification. It is recommended that the Continuing Residency Certification be signed no earlier than 5 days prior to the effective date of the certification.

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 Continuing Residency 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.