

INSTRUCTIONS FOR COMPLETING TENANT 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	Move-in Date	Initial LIHTC Qualification Date
Initial Certification / New Move In	Same as LIHTC Qualification Date	Date tenant first moved into the project.	Same as Move-in Date
Acquisition/Rehab	Same as LIHTC Qualification Date	Date tenant first moved into the property.	<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)
Resyndication	<ul style="list-style-type: none"> - When grandfathering in tenants in place at time of new LIHTC allocation- Initial LIHTC Qualification Date - When completing a new LIHTC certification of in place tenants under the new LIHTC allocation- Date of Tenant Signature - New Move-in (see above) 	Date tenant first moved into the project (under the original LIHTC allocation).	Date first determined to be income eligible for the LIHTC program under the existing extended use agreement (should be same as Move-in Date; see above)
Transfer	Date of Transfer	Date tenant first moved into the project.	<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
Recertification	Annual anniversary of the Initial LIHTC Qualification Date	Date tenant first moved into the project.	Based on Type of Certification (see above)

- 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).
- Address** Enter the address of the building.
- County** Enter the unit number.
- BIN** Enter the number of bedrooms in the unit.

PART II – HOUSEHOLD COMPOSITION

Name: List the full last name, first name and middle initial of all household occupants of the unit.

Relation to Head of the of Household: Enter each household member’s relationship to the head of household by using one following definition codes:

- H** – Head of Household
- S** – Spouse/Legal Domestic Partner
- A** - Adult Co-Head (not spouse or legal domestic partner)
- C** – Child
- F** – Foster child/adult

NOTE: Guests are NOT part of the household and are not considered in determining family size for income limits.

Race: Enter each household member’s race by using at least one of the following definition codes:

- | | | |
|-----------------------------|---|-------------------------------------|
| A = Asian | AIND = Asian Indian | ACH = Chinese |
| AF = Filipino | AJ = Japanese | AK = Korean |
| AV = Vietnamese | AO = Asian Other | AI = American Indian/Alaskan Native |
| B = Black/African American | NH = Native Hawaiian/Other Pacific Islander | PNH = Native Hawaiian |
| PGC = Guamanian or Chamorro | PS = Samoan | PO = Pacific Islander Other |
| O = Other | W = White | |

Ethnicity: Enter each household member’s ethnicity by using one of the following definition codes:

- | | |
|--|---|
| H = Hispanic or Latino | N = Not Hispanic or Latino |
| PR = Puerto Rican | C = Cuban |
| MAC = Mexican, Mexican American, Chicano/a | O = Another Hispanic, Latino/a, or Spanish Origin |

Disabled Enter one of the following for each household member:

- YES** - if member is disabled according to the Fair Housing Act’s definition
- NO** - if the member is not disabled according to the Act’s definition
- ND** - (Not Disclosed) - if the member did not disclose the information

Per the [Fair Housing Act](#), individuals with mental or physical impairments that substantially limit one of more major life activities are considered to have a disability. Please refer to [24 CFR 100.201](#) for the definitions of mental or physical impairments, as well as other terms commonly referred to within the Act.

Date of Birth: Enter each household member’s date of birth; use format MM/DD/YYYY.

Student Enter **YES** if the household member is a full-time student.

Status: Enter **NO** if the household member is not a full-time student.

Last Four Enter the last four digits each adult household member’s social security number, alien

Digits of SS#: Registration number or ITIN. If unknown or not disclosed, it is okay to enter ‘0000’, ‘9999’ or the format accepted by your software.

PART III – GROSS ANNUAL INCOME

Please refer to [Part 5 \(Section 8\) Income and Asset Inclusions and Exclusions](#) for guidance.

From the verification forms and source documentation obtained for each income source, enter the gross amount anticipated to be received for the twelve (12) months following the effective date of the certification.

Complete a separate line for each household member earning or receiving income. On each line, identify each household member with income by their corresponding number from PART II. Household Composition.

- 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.
- B. Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.
- C. Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).
- D. Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
- 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.

PART IVA – INCOME FROM ASSETS

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

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.

- G. List the type of asset (i.e., checking account, savings account, etc.)
- H. 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.

Enter **NNPP** when the asset is categorized as Non-necessary Personal Property; or, Enter **Real** when the asset is categorized as Real Property,
- I. Enter **Tax Ref** when there has been a Federal Tax Refund or Federal Tax Credit received within a year of the TIC effective date.
This is treated as a negative value when calculating the net cash value of the assets.
- J. Enter the cash value of the respective asset.
- K. Enter **A** if asset income for that asset is actual income; or, Enter **I** if asset income for that asset is imputed.

- 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.
- 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:

TOTAL HOUSEHOLD INCOME = (E) + (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:

TOTAL HOUSEHOLD INCOME = (E) + (M)

HOUSEHOLD CERTIFICATION & SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older, or emancipated, must sign and date the Tenant Income Certification. For move-in, it is recommended that the Tenant Income Certification be signed no earlier than TEN (10) days prior to the effective date of the certification.

PART VI – DETERMINATION OF INCOME ELIGIBILITY

Total Annual Household Income from All Sources	Annual anniversary of the Initial LIHTC Qualification Date
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 – INCOME FROM ASSETS

Tenant Paid Rent	Enter the amount the tenant 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 tenant paid rent plus utility allowance and other non-optional/mandatory fees. Enter the total of Tenant Paid Rent + Utility Allowance + Other Non-Optional charges. Include Tenant Paid Rental Assistance received if the unit is also a HOME unit.
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.
Unit Meets Rent Restriction	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.
Rental Assistance	Enter the amount of rental assistance, if any.
Tax-Exempt Bond/ LIFT/Risk-Share/ Conduit	If the property receives financing from tax-exempt Housing Bond program(s), mark the appropriate box indicating the household’s income designation for purposes of tax-exempt Housing Bond program(s), including LIFT, Elderly Bond, Risk-Share, and Conduit.
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 not otherwise indicated in this section, insert the name of the program and indicate the household’s Income Status as required by this program. Including HDGP, Trust fund, GHAP, Housing+, PSH.

SIGNATURE OF OWNER / REPRESENTATIVE

It is the responsibility of the owner or the owner's representative to sign and date this document immediately following the completion of the TIC and the adult household members have signed and dated no later than the effective date of the TIC. Move-in certifications should be signed no earlier than 10 days prior to the effective date of the certification. Documenting and determining eligibility (including completing and signing the TIC) and ensuring such documentation is safely and securely maintained in the tenant file is extremely important and should be conducted by someone well trained in program compliance. Acquisition/Rehab certifications for in-place residents require the TIC to be completed and signed within 120 days before/after the date of acquisition (aka Placed in Service (PIS) date of the building/s).

These instructions should not be considered a complete guide on tax credit & other programs compliance. The responsibility for compliance with federal and state program regulations lies with the owner of the property/building(s) for which the credit or other funding is allowable.

PUBLIC BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 4 hours for each response. This includes the time for collecting, reviewing and reporting data. The information will be used to measure the number of units of housing financed with the Low-Income Housing Tax Credit (LIHTC) that are produced each year. The information will also be used to analyze the characteristics of these housing units and will be released to the public