	NT INCOME CERTIFI							Move-In D	Date:		
☐ Initial Certification ☐ Recertification ☐ Other Effective									Date:		
			PA	RT I. I	DEVELOP	MENT I	DATA				
Proper	ty Name:s:s	County: Unit #:			BIN:						
Addres	s		DADT		USEHOLD				drooms		
□ Vac	cant Unit		FARI	п. по	USEHOLD	COMI	OSITION	•			
HH Mbr #	Last Name Firs		Midd irst Name Initi		Relation to Head of Household	Race	Ethnicity	Disabled (Yes/No)	Date of Birth	Full Time Student (Yes/No)	Last 4 Digits of SS#
1											
3											
4											
5											
6											
7											
THI NO.			PAR		ROSS ANI	NUAL I			T	(P)	
HH Mb #	br (A) Employment or Wages		Social	(B) Social Security / Pensions			(C) Public Assistance		( <b>D</b> ) Other Income		
TOTAL											
Add to	tals from above, (A) - (D), to	determin					TOTAL INC	OME (E) =			
НН	(F)		PAR		NCOME F	ROM A	ASSETS (H)			(I)	
Mbr #	` /	Type of Asset		C/I		Cash Value of Asset		Annual Income from Asset			
			Dogal as 1		TOTALS						
	Column ( <b>H</b> ) Total		Passbook Rate			IMPLITED INCOME (I) -					
(If over \$5,000) $\qquad \qquad \qquad \qquad \qquad X  2.00\% =$ Enter the greater of: Total of column (I) or Imputed Inc							$\frac{\text{IMPUTED INCOME }(\mathbf{J}) =}{\text{COME FROM ASSETS }(\mathbf{K}) =}$				
	-										
Add ( =	(E) + (K) TOTA	L ANNU	JAL HOUS	SEHOLE	INCOME :	FROM A	ALL SOUF	RCES (L)			
			HOUSER	OLD CF	RTIFICAT	ION & S	IGNATII	RES	<u> </u>		
there are of household <b>Under pe</b>	provided for each person(s) set changes to the household composi- l composition that occurs between alties of perjury, I/we certify iding false representations (to	forth in Par sition or if on the time	t II acceptable any member b this form is si	e verification becomes a fund the resented all	n of current anti all time student of e date it takes en	cipated and during the offect.	nual income ar course of this t	nd assets. I/we tenancy. I/we my/our knowl	will report any character will report any ch	anges in incon  I/we further	ne or understand
	Resident Signature Sign			ture Date		Resident Signature			Signature Date		
	Resident Signature		Signature Date			Resident Signature			Signature Date		

Effective Date of Income	Certification:		Household Size at Certification:									
PART V. DETERMINATION OF INCOME ELIGIBILITY												
TOTAL ANNUAL HOUSEI INCOME FROM ALL SOUR From item ( <b>L</b> ) on page 1		RECERTIFICATION ONLY:  Household Income at Move-in: \$										
Current Income Limit Per Family Size:	\$	Household Size at Move-in:										
Household Meets Income Re	estriction at:	Current Income Limit x 140%: \$	Current Income Limit x 140%: \$									
□ 60% □ 50% □ 40	0% 30%	Household Income exceeds 140% at recertification: ☐ Yes ☐ No										
PART VI. RENT												
Utility	ant Paid Rent (TP) \$  y Allowance (UA) \$  ENT FOR UNIT:	Other non-optional charges: \$										
(TP + UA + Other non-		Unit Meets Rent Restriction at:										
Maximum Rent I	Limit for this unit: \$	□ 60% □ 50% □ 40% □ 30% □ <u></u>	□ 60% □ 50% □ 40% □ 30% □%									
PART VII. STUDENT STATUS												
ARE ALL OCCUPANTS FU  ☐ Yes*	JLL TIME STUDENTS?  □ No	If yes, enter studer  Enter Exemption #:	3 Single parent/dependent chi	tance								
		PART VIII. PROG	RAM TYPE									
		which this household's a	unit will be counted toward the property 's occupancy require hed by this certification/recertification.	ements.								
a. Tax Credit □	b. HOME □	c. Tax Exempt $\square$	d. AHDP	<b>-</b>								
See Part V above.	Income Status  □ ≤ 50% AMGI □ ≤ 60% AMGI □ ≤ 80% AMGI □ OI**	Income Status  □ 50% AMGI  □ 60% AMGI  □ 80% AMGI  □ Ol**	Income Status  □ 50% AMGI □ 80% AMGI □ OI**  Income Status □ □ □ □ □ □ □ □ OI**									
**Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.												
	erein and upon the proof and ler the provisions of Section cted unit in this Project.	42 of the Internal Revenue (	REPRESENTATIVE  Description be submitted, the individual(s) named in Part II of this Tenant II Code, as amended, and the Land Use Restriction Agreement (if apwrer/Representative Signature Date									
Time of Owner	p	2151141410 01 01	Digitative Date									