TENANT INCOME CERTIFICATION

Property	Name:	Unit #					
Tax Cred				(Transfer from Unit #) FDIC# Effective Date: Ending Date:			
PART I:							
		n - (List all membe		ısehold			
1. Name (Las		Age		2. Total # of Persons in Household	3. (For LIHTC Properties Only) # of Full-Time Students in Household		
В							
						If Box 2 = Box 3, then student certification must be attached	
D. Accept	I for 04: 0						
Household Member	Information Asset Description			Total Cash Value		Income from Assets	
A.							
B.							
C.							
D.							
4. Total Net Value of Assets			4. \$				
5. Total Actu	al Asset Income					5. \$	
6. If line 4 is greater than \$5,000, multiply line result here; otherwise, leave blank.						6. \$	
•			JOR BUYIN	1551410		σ. φ	
C. Annua	al Income Inform a.	ation b.	1	c.	d.		
Household Member	Wages/Salarie s	Benefits/Pension s	Public Assistance		Other Income	e. Asset Income	
A.						Enter the greater of lines 5 or 6 in Box e.	
B.							
C.							
D.							
7. Totals	a.	b.	c.		d.	e.	
18. Enter tot	al of items 7a	through 7e. This	s is Ann	mal Ind	come.	8.\$	

WARNING: Se

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

Unit #:	_
Household Name:	
Annual Income:	_
	-

PART II: HOUSEHOLD CERTIFICATION

oversight of the program(s), and to the Louis le program requir	siana Housing	of such information to the grinance Agency in its cap re under that this certification	pacity to monitor	the property's
(Signature - Head of Household)		(Date)	(Signature - Co-Head of He	ousehold)	(Date)
(Signature - Household Member over 18)		(Date)	(Signature - Household Men	nber over 18)	(Date)
PART III: ELIGIBILITY A. Type of Certification		TION			
~ Initial Certification	~ Recertification	n			
B. Applicable Programs			. 1 1.12		
Mark the program(s) listed be occupancy requirements. Undertification/recertification.					
ı. LIHTC ~	b. HOME ~				
ncome Status Income Eligible	Income Status ~ < 50% AMI				
~ ≤ 50% AMI	~ ≤ 60% AMI				
~ ≤ 60% AMI	~ ≤80% AMI				
Over Income**	~ Over Income*				
	rtification, this hou ments of the progra		etermined to be over-incom	ne according to th	e eligibility
-	nones of the progre	(5)			
C. Unit Information . Tenant Paid Rent:			b. No. of Bedrooms:		
Harris Arrivana Danie					
. Housing Assistance Payment:			d. Move-in Date:	/	/
. Utility Allowance (U.A.):			f. Source of U.A.:	PHA/RD/HU	D/Local Est.
PART IV: OWNER CER	RTIFICATION				
I have verified the informa programs(s) marked in Par necessary to support this co this form is complete and a	t III-B and the pro- ertification/recertif	visions of any	applicable deed restriction	ns. I possess the o	locumentation
(Signature of Owner or Authorize	ed Representative)			(Date)	
(D IV)				(D. Lawrence)	
(Printed Name)				(Printed Title)	

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