

(Project Name)
OWNER'S ELIGIBILITY DETERMINATION
 (To be completed by Resident Households and returned to Management)

Re: Household Name: _____ Unit No: _____

Building No: _____ (Full Site Address) _____

Recert Yr: _____ Effective Date: ____/____/____ Next Recert Date: ____/____/____

Move-In Date: ____/____/____ Rent: \$ _____ Subsidy: Y / N and Amt:\$ _____

Utility Allowance: \$ _____ Other charges: \$ _____ Identify Other Charges: _____

No. of Bedrooms: _____ No. of Family Members: _____ Household Income Restriction % _____

As condition for continued residency at «community» and to be afforded all the rights and privileges of low income housing in accordance with the conditions outlined by the Lease Agreement and its amendments thereto, I am required to document ongoing eligibility of all in place residents for permanent occupancy and use of the facilities and services.

I certify that the information provided to (Project Name) and it's managing agent, (Management Company) by _____ is true and accurate to the best of my knowledge and belief.

Note: Insert the (name of adult household member(s) age 18 and older).

Tenant Names:	Date of Birth:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Please list the **GROSS ANNUAL INCOME** received from all income sources:

- (a). Social Security \$ _____
- (b). Supplemental Social Security \$ _____
- (c). Employment (fulltime or parttime) \$ _____
- (d). Self-employment \$ _____
- (e). Business \$ _____ (Net amount from Schedule C)
- (f). Public Assistance \$ _____ (Net amount from Schedule C)
- (g). Pension or Annuity \$ _____ (Shelter Allowance & Cash)
- (h). Family Support \$ _____

Please list the **balance and income earned** from individual assets or investments:

- (i). **Checking Account:** Cash Value: \$ _____ Interest Rate% _____ Income: \$ _____
- (i). **Checking Account:** \$ _____ Interest Rate% _____ Income: \$ _____
- (j). **Savings Account:** Cash Value: \$ _____ Interest Rate% _____ Income: \$ _____
- (j). **Savings Account:** \$ _____ Interest Rate% _____ Income: \$ _____
- (k). **Certificate of Deposit** Cash Value: \$ _____ Surrender Value \$ _____ Rate %: _____
- (k). **Certificate of Deposit** Cash Value: \$ _____ Surrender Value \$ _____ Rate %: _____

(l). **IRA Account** Cash Value: \$ _____ Interest Rate % _____ Income: \$ _____

(m). **Annuity** Cash Value: \$ _____ Surrender Value \$ _____ Rate %: _____

(n). **401(k)** Cash Value: \$ _____ Interest Rate %: _____ Income: \$ _____

(o). **Life Insurance** Cash Value: \$ _____ Surrender Value \$ _____ Rate %: _____
 \$ _____ \$ _____

(p). **Stocks/Bonds** Cash Value: \$ _____ Interest Rate %: _____ Income: \$ _____
 \$ _____ Interest Rate %: _____ Income: \$ _____
 \$ _____ Interest Rate %: _____ Income: \$ _____

(q). **Real Estate** Market Value: \$ _____ Estimated Settlement Costs: \$ _____
 Date sold: _____
 Rental Income: \$ _____ (annual) Expenses: \$ _____ (annual)

(r). **Trust Funds** Cash Value: \$ _____ Interest Rate %: _____ Income: \$ _____

(s). **Money Market** Cash Value: \$ _____ Interest Rate %: _____ Income: \$ _____

(t). **Cash (on hand)** Approximate amount: \$ _____

(u). **Other:**
 (list): _____

Enter Column Total Passbook Rate
 If Over \$5,000 \$ _____ x .06% = Imputed Income \$ _____

Or, TOTAL INCOME FROM ASSETS \$ _____

- Within the past two (2) years, I/We have sold or given away assets for more than \$1,000 below their fair market value. These amounts are not included above and total approximately \$ _____. Note: this amount is equal to the difference between the fair market value and the amount actually received for the asset.
- I/We have not sold or given away assets (including cash or real estate, etc.) for less than the fair market value during the past two (2) years.
- I/We do not have any assets to declare at this time.**
- My/our total net family assets **do** exceed \$5,000 _____ or, **do not** exceed \$5,000 _____

Student Affidavit:

Are all occupants of the household (minors included) fulltime students? Yes _____ No _____

Are you a fulltime student? Yes _____ No _____

If you answered "yes" please complete the following questions:

1. Are you married and filing a joint federal income tax return with your spouse? Yes _____ No _____
2. Are you a single parent with minor children and neither you nor any of your children are being claimed as dependents for a third party? Yes _____ No _____
3. Are you receiving benefits under Title IV of the Social Security Act (i.e. TANF)? Yes _____ No _____
4. Are you currently enrolled in the Job Training Partnership Act or other similar job training program funded under state or local government? Yes _____ No _____
5. Are you a participant in, or have transitioned out of the Foster Care Program? Yes _____ No _____

Resident Certification:

I affirm that I have documented my household composition, income, assets and income received from any asset and further assert my households total annual income amounts to \$ _____ as reported on my **income tax return** or **documented by this self-certification**.

Resident Signature: _____ Date: ____ / ____ / ____

Resident Signature: _____ Date: ____ / ____ / ____

Resident Signature: _____ Date: ____ / ____ / ____

Owner Certification:

I can affirm that the tenant/household has documented full compliance with the annual self-certification process by disclosing the type and current disposition of the household's assets, the applicable income from assets, and all sources of household income (waged and non-waged).

I further assert that the tenant(s) **continue to meet the criteria** _____, or, **are no longer eligible** _____ for low income housing at _____%AMI as defined by the Regulatory Agreement for _____

Note: If no longer an eligible household, please explain _____

DETERMINATION OF INCOME ELIGIBILITY

Current Income Limit per Family Size: \$ _____

**RE-CERTIFICATION ONLY:
Current Income limit x 140% (or 170%):**

\$ _____
Household Income Exceeds 140% or
170%) at re-certification
 Yes No

Household Size at Move-In: _____

I certify that the resident's ("tenant") household eligibility has been documented in accordance with the project-related requirements for low income housing as defined by Section 42 of the IRS code for Tenant Recertification Waivers. And, the disclosed information has been obtained in strict confidence and with the understanding that any mis-use of this information could result in personal penalties to me.

Signature: _____ Date: ____ / ____ / ____
(Owner/Managing Agent)

Title: _____