

Project Name _____

OWNER'S ELIGIBILITY DETERMINATION

(To be completed by Resident Households and returned to Management)

Re: Household Name: _____ Unit No.: _____ Sec. Deposit.: _____

Building No.: _____ at (Full Site Address) _____

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

Move-in Date: _____ / _____ / _____ Rent: \$ _____ Subsidy: Y / N and Amount: \$ _____

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

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

As a condition for continued residency at (insert property name) and to be afforded all the rights and privileges of low income housing in accordance with the conditions outlined by the Lease Agreement, its amendments, the Regulatory Agreement and general Fair Housing requirements, the Owner/Owners Agent, is required to document the ongoing eligibility of all in-place residents to ensure the units assisted by tax credits and/or State funds provide safe, decent, affordable housing for eligible low-income households.

As a permanent resident, I certify the information provided to (insert name of project) and the Owner/Owner Agent by (insert name of household member; age 18 and older) is true and accurate to the best of my knowledge and belief.

Tenant Names:	Date of Birth:	Disabled (Y or N):
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 part-time) \$ _____
- (d). Self-employment \$ _____ (Net amount from Schedule C)
- (e). Business \$ _____ (Net amount from Schedule C)
- (f). Public Assistance \$ _____ (Shelter Allowance & Cash)
- (g). Pension or Annuity \$ _____
- (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 Cash Value: \$ _____ Interest rate %: _____ Income: \$ _____
- (j). Savings Account Cash Value: \$ _____ Interest rate %: _____ Income: \$ _____
- (j). Savings Account Cash Value: \$ _____ 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%: _____
 \$ _____ 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: \$ _____
 Rental Income: \$ _____ (annual) Expenses: \$ _____ (annual)
 Date sold (if applicable) : _____ / _____ / _____

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

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

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

(u). **Other: Recurring Gift, Guarantor contribution, Family contribution, etc.:**
 (list): _____

1.	Enter sum	Total of Assets	Passbook Rate		= Imputed Income	\$ _____
		\$ _____	X 0.06%			
2.	Enter total actual interest amount					\$ _____
3.	Enter the greater of 1. or 2.				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 fair market value during the last two 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 full time 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 by 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 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 I have fully disclosed and documented my household composition, income, assets and any income received from any asset(s) and further confirm my households total annual income to be approximately \$ _____ as reported on my income tax return and 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 household composition , 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 \$_____

RECERTIFICATION ONLY:

Current Income limit x 140%

\$_____

Household Income Exceeds 140% at recertification

_____ Yes _____ No

Household Size at initial Move In or Tax Credit Certification:_____

Household Income at initial Move In or Tax Credit Certification:_____

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: _____