

**All OHCS Programs:
Self-Certification of Household Annual Income**

Effective Date: _____

Move-In Date: _____

This page to be completed by Resident/Household

Risk Share Program Only: Each adult in household must attach a copy of their completed & filed IRS Federal Tax Return to this certification.

Property Name: _____

County: _____

Address: _____

Unit Number: _____ # Bedrooms: _____

Household: Enter all household member name(s) and date(s) of birth below. Also note whether or not any household member is or will be a student in the next 12 months. Continue on separate sheet if more than 6 household members. *NOTE: LIHTC & HOME Student Rules are different.

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head	Date of Birth	*Student Yes/No	SSN (last 4 digits)
1			Head			
2						
3						
4						
5						
6						

HOUSEHOLD'S GROSS ANNUAL INCOME

HH Mbr#	Source of Income: Employment, Soc. Security, Public Assistance, Child Support or Other			Gross Annual Amount

Add Total Household Income (a) = \$ _____

HOUSEHOLD'S INCOME FROM ASSETS

HH Mbr #	Type of Asset: Checking, Savings, Retirement Account, Real Estate, or Other	Cash Value of Asset	Actual Income from Asset

HH Mbr#	Disposed of Assets- Assets given away for less than market value	Cash Value of Disposed Asset	Income from Disposed Asset

Total Income from Assets (b) = \$ _____

Add Total Annual Household Income from all Sources (a)+(b) = _____

I agree to notify management **IMMEDIATELY** if:

Anyone in my household becomes a student, and/or my household composition changes in any way.

I certify under penalties of perjury that the above information is complete and accurate to the best of my knowledge. I understand that false or incomplete information is a violation of the terms of my lease agreement and may be grounds for eviction. I agree to provide any additional documentation required by the property owner/management to document my/our household income.

Head of Household Adult Signature

Print Name

Date

Other Household Adult Signature

Print Name

Date

*** This page to be completed by Owner/Management ***

DETERMINATION OF INCOME ELIGIBILITY

Current Household Size: # _____

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$

Current Income Limit per Family Size and Program: \$

Household meets the following Income Restrictions:

30% 40% 50% 60% _____%

Low HOME 50% High HOME 60%

Household Size at Move-In: # _____

Household Income at Move-In: \$ _____

Current Income Limit X140%: _____

Household Exceeds 140% at this Recert:

Yes No

HOME Program:

Current 80% MFI Income Limit: _____

Current Household Income Exceeds 80%: Yes No

DETERMINATION OF RENT

A) Tenant Paid Rent: \$ _____

B) Utility Allowance: \$ _____

C) Non-Optional Charges: \$ _____

D) Rent Assistance (RA): \$ _____ Tenant Based Project Based

GROSS RENT FOR UNIT:

LIHTC/Risk Share Programs:

A)+B)+C) = \$

HOME Program:

A)+B)+C)+D) = \$

Current Maximum Gross Rent Limit:

LIHTC: \$ _____

HOME: \$ _____

Unit Meets Rent Restriction At:

30% 40% 50% 60%

Other: _____%

HOME Program:

Required HOME Rent Restriction for Unit:

Low HOME High HOME

Required Designation for Unit:

Floating Fixed

STUDENT STATUS

LIHTC/Risk Share Programs ONLY:

Are ALL Household Members Full Time Students:

NO YES = Exemption(s): # _____

Exemptions:

1. Tanf Assistance
2. Job Training Program
3. Single Parent with dependent child/ren
4. Married and file joint tax return
5. Previous Foster Care Assistance

HOME Program ONLY:

Are ANY Household Members Students:

NO YES = Exemption(s): # _____

Exemptions:

1. Over age 24
2. Veteran of the US Military
3. Married
4. Has one or more dependent children
5. Under 24 & independent of parents or parents are income eligible

OTHER PROGRAM TYPES

Mark the program(s) listed below for which this households' unit is counted toward the property's occupancy requirements.

Under each program marked, indicate the household's income status as established by this certification

<input type="checkbox"/> Elderly Bond/Conduit	<input type="checkbox"/> 30%	<input type="checkbox"/> 40%	<input type="checkbox"/> 50%	<input type="checkbox"/> 60%	<input type="checkbox"/> 80%	<input type="checkbox"/> Other: _____
<input type="checkbox"/> GHAP/Housing+/PSH	<input type="checkbox"/> 30%	<input type="checkbox"/> 40%	<input type="checkbox"/> 50%	<input type="checkbox"/> 60%	<input type="checkbox"/> 80%	<input type="checkbox"/> Other: _____
<input type="checkbox"/> HDGP/Trust Fund	<input type="checkbox"/> 30%	<input type="checkbox"/> 40%	<input type="checkbox"/> 50%	<input type="checkbox"/> 60%	<input type="checkbox"/> 80%	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other:	<input type="checkbox"/> 30%	<input type="checkbox"/> 40%	<input type="checkbox"/> 50%	<input type="checkbox"/> 60%	<input type="checkbox"/> 80%	<input type="checkbox"/> Other: _____

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the information submitted, the individual(s) named on page one of this Self-Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended and all of the Regulatory Agreements as applicable to live in an income/rent-restricted unit in this project.

Printed Name of Owner/Representative _____

Signature of Owner/Representative _____

Date _____