

**TENANT INCOME CERTIFICATION (TIC)  
COMPLETION INSTRUCTIONS**

**The (TIC) is to be completed by the Owner or their authorized representative/agent.**

**Type of Certification:** At the top of each TIC, check the appropriate box for Initial Certification (move-in), Recertification (annual), or Other. If this certification is being completed for reason/s other than move-in or recertification, indicate the reason. Examples are Unit Transfer, Acquisition/Rehab (of the property), Change in Household Composition, or for another state-required recertification.

**Move-in Date:** Enter the date the household has or will take occupancy of the unit; use the format: MM/DD/YYYY

**Certification Effective Date:** Enter the effective date of the certification; use the format: MM/DD/YYYY

- **At Move-in/Initial:** date should match the date the household moved-in/took occupancy of the unit.
- **At Recertification:** date should be NO LATER than one year following the effective date of the initial certification or certification completed previously.
- **For Unit Transfer:** List the date the household took occupancy of the new unit.
- **For Acquisition/Rehab:** List the date of acquisition for households in place prior to the allocation of credits & after income-testing has been performed (within 120 days before/after the date of acquisition).

**PART I. DEVELOPMENT DATA**

**Property Name:** Enter the name of the property (development).

**County:** Enter the county in which the property/building is located.

**BIN#:** Enter the Building Identification Number (BIN) assigned to the building in which the unit is located. BINs are identified on the IRS 8609. If no BIN assigned then create one.

**Address:** Enter the building's address

**Unit Number:** Enter the unit's number

**# Bedrooms:** Enter the number of bedrooms in the unit (SRO, studio, 1, 2, 3, etc).

**PART II. HOUSEHOLD COMPOSITION**

**Name:** List the full last name, first name and middle initial of all household occupants of the unit.

**Relation to Head of Household:** Enter each household member's relationship to the head of household by using one of the following definition codes:

**H** – Head of Household

**S** – Spouse/Legal Domestic Partner

**A** - Adult Co-Head (not spouse or legal domestic partner)

**C** – Child (will be under eighteen at the effective date of the certification)

**F** – Foster child/adult

NOTE: Guests are NOT part of the household and are not considered in determining family size for income limits.

**Race:** Enter each household member's race (as disclosed) by using at least one of the following definition codes:  
**1** – White      **2** – Black/African American      **3** – American Indian/Alaska Native  
**4** – Asian      **5** – Native Hawaiian/Pacific Islander      **ND** – Not disclosed

**Ethnicity:** Enter each household member's ethnicity by using one of the following definition codes:  
**1** – Hispanic or Latino      **2** – Not Hispanic or Latino      **3** – Not disclosed

**Disabled:** Per the Fair Housing Act, the **Definition** of disabled is:  
A physical or mental impairment which substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24CFR 100.201. This is available at:  
[http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201)

Enter one of the following for each household member:  
**YES** - if member identifies as disabled according to the Fair Housing Act's definition  
**NO** - if the member does not identify as disabled according to the Act's definition  
**ND** (Not Disclosed) - if the member did not disclose the information

It is the tenant's voluntary choice whether to provide such information. The tenant must be informed that providing this information is voluntary. If the tenant declines to provide the information, the owner/agent shall use their best efforts to provide the information by noting the physical appearance of a physical disability that is readily apparent and obvious or by relying on last year's information. For the purpose of gathering disability status information, NO questions with respect to the nature or severity of the disability are appropriate.

**Date of Birth:** Enter each household member's date of birth; use format MM/DD/YYYY.

**Student Status:** Enter **YES** if the household member is a full-time student.  
Enter **NO** if the household member is not a full-time student.

**Last Four Digits of SS#:** Enter the last four digits each adult household member's social security number, alien registration number or ITIN. If unknown or not disclosed, it is okay to enter '0000', '9999' or the format accepted by your software.

### PART III. GROSS ANNUAL INCOME

See the HUD Handbook 4350.3 for list of Income inclusions and exclusions.

From the third party verifications and source documentation obtained for each income source, enter the gross amount anticipated to be received for the twelve months following the effective date of the certification. Complete a separate line for each household member earning or receiving income. On each line, identify each household member with income by their corresponding number from Section II Household Composition.

**Column (A):** Enter the annual amounts of wages, salaries, tips, commissions, bonuses and other earned income from employment. Or indicate distributed profits and/or net income from a business. Insert total for column.

**Column (B):** Enter the annual amounts of VA Benefits, Social Security, Supplemental Security Income (SSI), pensions, retirement income etc. Insert total for column.

**Column (C):** Enter the annual amount of income received from public assistance (i.e. TANF, general assistance, disability, etc). Insert total for column.

**Column (D):** Enter the annual amounts of alimony, child support, unemployment benefits or any other income regularly received by the household. Insert total for column.

**Line (E):** Add the total from Columns (A) through (D) above. Enter this amount.

## PART IV. INCOME FROM ASSETS

See the HUD Handbook 4350.3 for list of Asset inclusions and exclusions.

From the third party verifications and source documentation obtained for each asset source, enter the gross amount anticipated to be received for the twelve months following the effective date of the certification. Complete a separate line for each household member who has assets/income from assets. On each line, identify each household member with assets by their corresponding number from Section II Household Composition.

**Column (F):** List the type of asset (i.e. checking account/s, savings account/s, CDs, money markets, retirement accounts, trusts, real property).

**Column (G):** **C= current asset** – Enter **C** in the column if the household member currently owns the asset/s  
**I= imputed asset** – Enter **I** in the column if the household member has disposed of the asset for less than fair market value within 2 years of the effective date of certification.

**Column (H):** Enter the cash value of the asset.

**Column (I):** Enter the anticipated annual income from the asset (see manual for how to calculate asset income).

**TOTALS:** Add the amounts in each column (H) and (I) respectively.

If the **total** in Column (H) is \$5,000 or more, you must calculate the imputed income of the total amount. Enter the total amount of the assets from Column H into the line provided. Then multiply that amount by the current passbook rate and enter the result in box (J) Imputed Income.

**Box (K):** Enter the greater of the total in Column (I) or imputed amount in Box (J).

**Box (L):** Total annual household income from all sources. Add (E) Gross Income total and (K) total income from assets.

## HOUSEHOLD CERTIFICATION & SIGNATURES

After all verifications of income and assets have been received and calculated and the TIC has been completed, each household member age 18 or older must sign and date the TIC no later than the effective date. **Move-in certifications should be signed no earlier than 10 days prior to the effective date of the certification.**

Acquisition/Rehab certifications for in-place residents require the TIC to be completed and signed within 120 days before/after the date of acquisition (aka Placed in Service (PIS) date of the building/s).

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**Effective Date of Income Certification:** Enter the effective date of the income certification as listed on page one.

**Household Size at Certification:** Enter the total number of household members as listed on page one.

## PART V. DETERMINATION OF INCOME ELIGIBILITY

### Total Annual Income

**From All Sources:** Enter the amount from Box (L) on page one.

### Current Income Limit

**Per Household Size:** Review relevant MFI chart for restriction level and household size, input appropriate limit

**Household Meets**

**Income Restriction at:** Check the appropriate box for the income restriction that the household meets according to the required set-aside for the building (or project).

**Recertification Only –**

Complete the following information only if this is a recertification TIC:

**Household Income at Move-in:** Enter the total household income from all sources from Box (L) of the Move-in TIC.

**Household Size at Move-in:** Enter the number of household members that were in the household and listed on the Move-in TIC.

**Current Incomes Rising in Place Limit:** Determine what the incomes rising in place (RIP) limit is for this unit's program and income restriction. This information is contained within the project's regulatory agreement. If property also received Low Income Housing Tax Credits or other state funds then multiply income limit by 140%. Indicate below if household income exceeds the total.

**Household Income Exceeds RIP Limit:** Indicate whether or not the current household income exceeds the incomes rising in place limit by checking 'Yes' or 'No'. If 'Yes', review regulatory agreement for next steps.

<b>PART VI. RENT</b>
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**Tenant Paid Rent:** Enter the amount the tenant pays toward rent (do not include any rental assistance payments such as Section 8 on this line).

**Rent Assistance:** Enter the amount of any rental assistance. Note: rental assistance received for households in an LIHTC unit is **excluded** from Gross Rent, **unless the unit is also a HOME assisted unit.**

**Utility Allowance:** Enter the utility allowance amount for the unit type. If the owner pays all utilities with no bill-back to tenant, enter zero.

**Other Non-Optional Charges:** Enter the amount of non-optional charges such as mandatory garage rent, storage lockers, or charges for services provided by the development, etc.

**Gross Rent For Unit:** Enter the total of Tenant Paid Rent + Utility Allowance + Other non-optional charges. **Include rent assistance received if the unit is also a HOME assisted unit.**

**Maximum Rent Limit for This Unit:** Enter the maximum allowable gross rent for the unit.

**Unit Meets Rent Restriction at:** Check the appropriate box for the rent limit restriction that the unit meets according to the required set-aside for the building (or project).

<b>PART VII. STUDENT STATUS</b>
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Student status restrictions apply to state and federal funding. If no HOME/LIHTC funds, indicate N/A in exemption

If at least one household member is **NOT** a full time student, check **No**.

If **ALL** household members are full time students, check **Yes** and indicate which exemption/s the household meets by inserting on the line the number that corresponds to the exemption in the list.

Full time status is determined by the educational institution the student attends.

NOTE: Any household member, who is Kindergarten-12<sup>th</sup> grade (K-12) age and is a student, will automatically be considered a full-time student.

## PART VIII. PROGRAM TYPE

Mark the program(s) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification. If the property does not participate in a program indicated, leave that section blank. If the property participates in a program that is not indicated in the section, write in the program type and indicate the appropriate income status for that program in section (e).

**PHB Funds:** Review regulatory agreement for restriction levels required in property and designate which level of restriction this unit is meeting.

**HOME Investment Partnerships Program:** If the property participates in the HOME program and the unit this household will occupy/occupies will count towards the HOME program set-asides, mark the appropriate box indicating the unit's designation and also indicate the correct Income Status.

**MULTE:** If the property participates in the MULTE program and the unit this household will occupy/occupies will count towards the MULTE program set-asides, mark the appropriate box indicating the unit's designation and also indicate the correct Income Status.

**Inclusionary Housing:** If the property participates in the IH program and the unit this household will occupy/occupies will count towards the IH program set-asides, mark the appropriate box indicating the unit's designation and also indicate the correct Income Status.

**Other:** If the property participates in any other affordable housing program not otherwise indicated in this section, insert the name of the program and indicate the household's Income Status as required by this program.

## SIGNATURE OF OWNER/REPRESENTATIVE

It is the responsibility of the owner or the owner's representative to sign and date this document immediately following the completion of the TIC and the adult household members have signed and dated no later than the effective date of the TIC. **Move-in certifications should be signed no earlier than 10 days prior to the effective date of the certification.** Documenting and determining eligibility (including completing and signing the TIC) and ensuring such documentation is safely and securely maintained in the tenant file is extremely important and should be conducted by someone well trained in program compliance. Acquisition/Rehab certifications for in-place residents require the TIC to be completed and signed within 120 days before/after the date of acquisition (aka Placed in Service (PIS) date of the building/s).

**These instructions should not be considered a complete guide on program compliance. The responsibility for compliance with federal, state and city program regulations lies with the owner of the property/building(s) for which the credit or other funding is allowable.**

## PUBLIC BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 4 hours for each response. This includes the time for collecting, reviewing and reporting data. The information will be used to measure the number of units of housing that are produced each year. The information will also be used to analyze the characteristics of these housing units and will be released to the public.