

**Owner's Certification of Compliance
with HUD's Tenant Eligibility
and Rent Procedures**

**U.S. Department of Housing
and Urban Development**
Office of Housing
Federal Housing Commissioner

NOT for submission to the Federal Government
Landlord's Official Record of Certification

OMB Approval Number 2502-0204

Section A. Acknowledgements

Read this before you complete and sign this form HUD-50059

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested, including the Social Security Numbers (SSNs) you, and all other household family members age six (6) years and older, have and use. Giving the SSNs of all family members age six (6) years and older is mandatory; not providing the SSNs will affect your eligibility. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Tenant(s)' Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

Certification Summary from Page 2

Name of Project	VILLAGE APARTMENTS - HUD	Unit Number	112	Effective Date	12/01/2009	Certification Type	AR - Annual
Head of Household	ROGER SPOTTS	Total Tenant Payment	\$ 695	Assistance Payment	\$ 1,045	Tenant Rent	\$ 450

Tenant Signatures

Head of Household	Date	11/01/2009	Other Adult	Date
Spouse / Co-Head	Date		Other Adult	Date
Other Adult	Date		Other Adult	Date
Other Adult	Date		Other Adult	Date
Other Adult	Date		Other Adult	Date
Other Adult	Date		Other Adult	Date
Other Adult	Date		Other Adult	Date

Owner/Agent Signature

Owner/Agent	Date	11/01/2009
<input type="checkbox"/> Check this box if Tenant is unable to sign for a legitimate reason	Anticipated Voucher Date	December 2009



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Record for Landlords

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Section B. Summary Information

1. Project Name VILLAGE APARTMENTS - HUD		13. Effective Date 12/01/2009	23. Unit Number 112
2. Subsidy Type 1 - Sec.8	3. Secondary Subsidy Type	14. Anticipated Voucher Date 12/2009	24. No. of Bedrooms 4BR
4. Property ID *Future	5. Project Number 12345678	15. Next Recertification Date 12/01/2010	25. Building ID
6. Contract Number IL069900009	7. Telecom Address TRACM12345	16. Project Move-In Date 12/01/1988	26. Unit Transfer Code
8. Plan of Action Code	9. HUD-Owned Project? N/A	17. Unit Move-In Date 12/01/1988	27. Previous Unit No.
10. FIPS County Code *Future	11. Previous Housing Code N/A	18. Certification Type AR - Annual	28. Security Deposit 175
12. Displacement Status N/A		19. Action Processed	29. Basic Rent
		20. Correction Type	30. Market Rent 1,395
		21. Cert. Correction Date	31. Contract Rent 1,495
		22. Prev. Subsidy Type	32. Utility Allowance 245
			33. Gross Rent 1,740

Section C. Household Information

34. Mbr No.	35., 36., 37. Last Name, First Name MI	38. Rel.	39. Sex	40. Race	41. Eth.	42. Birth Date	43. Special Status	44. Student Status	45. ID Code (SSN)	46. Elig. Code	47. Alien Reg. Number	48. Age at Cert.	49. Work Codes
1	SPOTTS, ROGER S	H	M	W	2	05/05/1945	E		154-64-6547	EC		64	
2	SPOTTS, CARLA W	S	F	W	2	11/18/1950			459-98-9877	EC		59	
3	SPOTTS, KARL Q	O	M	W	2	12/01/1969			123-56-5656	EC		40	
4	SPOTTS, TIMOTHY K	O	M	W	2	08/15/1980			456-56-5655	EC		29	

50. Family is Mobility Impaired?	NO	53. Number of Family Members	4	57. Expected Family Addition - Adoption	0
51. Family is Hearing Impaired?	NO	54. Number of Non-Family Members	0	58. Expected Family Addition - Pregnancy	0
52. Family is Visually Impaired?	NO	55. Number of Dependents	0	59. Expected Family Addition - Foster Children	0
		56. Number of Eligible Members	4		

60. Previous Head Last Name	SPOTTS	63. Previous Effective Date	12/01/2008
61. Previous Head First Name	ROGER	64. Previous Head ID	154-64-6547
62. Previous Head Middle Initial	S	65. Previous Head Birth Date	05/05/1945

Section D. Income Information

Section E. Asset Information

66. Mbr No.	67. Income Type / Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested
1	Non-Federal Wage / W	27,780		1	CHECKING	C	3,600	0	
				1	SAVINGS	C	5,000	50	
				1	MONEY MARKET	C	7,000	350	

70. Total Employment Income	27,780	81. Cash Value of Assets	15,600
71. Total Pension Income	0	82. Actual Income from Assets	400
72. Total Public Assistance Income	0	83. HUD Passbook Rate	2.000%
73. Total Other Income	0	84. Imputed Income from Assets	312
74. Non-Asset Income	27,780	85. Asset Income	400

Section F. Allowances & Rent Calculations

86. Total Annual Income	28,180	97. Deduction for Dependents	0	Total Tenant Payment (TTP) Determinations ...	
87. Low Income Limit	55,750	98. Child Care Expense (work)	0	694.50	- 30% of Adj Monthly Income
88. Very Low Income Limit	34,850	99. Child Care Expense (school)	0	234.83	- 10% of Gross Monthly Income
89. Extremely Low Income Limit	20,900	100. 3% of Income	845	0.00	- Monthly Welfare Rent Amount
90. Current Income Status	2 - Very Low	101. Disability Expense	0	25.00	- HUD Minimum Rent Amount
91. Eligibility Universe Code	2 - Post 1981	102. Disability Deduction	0	108. Total Tenant Payment TTP	695
92. Section 8 Assist. 1984 Indicator		103. Medical Expense	0	109. Tenant Rent	450
93. Income Exception Code		104. Medical Deduction	0	110. Utility Reimbursement	0
94. Police / Security Tenant?	NO	105. Elderly Family Deduction	400	111. Assistance Payment	1,045
95. Survivor of Qualifier?		106. Total Deductions	400	112. Welfare Rent	
96. Household Assistance Status	E	107. Adjusted Annual Income	27,780	113. Hardship	
				114. Waiver	



Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -E, -F, & -G.