

TENANT INCOME CERTIFICATION

Effective Date: 12/01/2011
 Move-in Date: 12/01/1988
 (MM/DD/YYYY)

Initial Certification Recertification Other _____

PART I - DEVELOPMENT DATA			
Property Name: <u>VILLAGE APARTMENTS - LIHTC</u>	County: <u>BOONE</u>	BIN #: <u>1234-5678-90111</u>	PISD: _____
Address: <u>1111 DEMONSTRATION ST. DEMONSTRATION, IL 69999</u>		Unit Number: <u>112</u>	# Bedrooms: <u>4BR</u>

PART II. HOUSEHOLD COMPOSITION				DEMOGRAPHIC INFO (LIHTC ONLY)					
HH Mbr #	Last Name	First Name & M.I.	Relationship to Head of Household	Date of Birth (MM/DD/YY)	F/T Student?	SS# - last 4 digits	Race	Ethnicity	Disabled?
1	SPOTTS	ROGER S	HEAD	05/05/1945	N	6547	1	2	
2	SPOTTS	CARLA W	S	11/18/1950	N	9877	1	2	
3	SPOTTS	KARL Q	O	12/01/1969	N	5656	1	2	
4	SPOTTS	TIMOTHY K	O	08/15/1980	N	5655	1	2	
5									
6									
7									

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)				
HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
1	19,720	0	0	0
2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
TOTALS	\$ 19,720	\$ 0	\$ 0	\$ 0

Add totals from (A) through (D), above

TOTAL INCOME (E):	\$ 19,720
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PART IV. INCOME FROM ASSETS				
Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
1	MONEY MARKET	C	10,000	400
1	SAVINGS	C	5,000	250
1	CHECKING	C	1,000	0
TOTALS:			\$ 16,000	\$ 650
Enter Column (H) Total		Passbook Rate		
If over \$5000 \$ <u>16,000</u>		X <u>2.00%</u>	= (J) Imputed Income	\$ <u>480</u>
Enter the greater of the total of column I, or J: imputed income				\$ 650
TOTAL INCOME FROM ASSETS (K)				\$ 650
(L) Total Annual Household Income from all Sources [Add (E) + (K)]				\$ 20,370

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature	(Date)	Signature	(Date)
Signature	(Date)	Signature	(Date)

PART V. DETERMINATION OF INCOME ELIGIBILITY

RECERTIFICATION ONLY:

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1 \$ 20,370

Household Meets Income Restriction at:

Current Income Limit x 140%: \$ 39,648

- 60% 50%
 40% 30%
 _____%

Household Income exceeds 140% at recertification:
 Yes No

Current Income Limit per Family Size: \$ 28,320
 Household Income at Move-in: \$ 13,995

Household Size at Move-in: 4

PART VI. RENT

Tenant Paid Rent \$ 577
 Utility Allowance \$ 245

Rent Assistance: \$ 0 Type: _____
 Other non-optional charges: \$ 0

GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges) \$ 822

Unit Meets Rent Restriction at:
 60% 50% 40% 30% _____%

Maximum Rent Limit for this unit: \$ 822

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

yes no

If yes, Enter student explanation* (also attach documentation)

*Student Explanation:

- 1 TANF assistance
- 2 Job Training Program
- 3 Single parent/dependent child
- 4 Married/joint return
- 5 Formerly in foster care

Enter 1-5

PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a. through e.) 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.

a. Tax Credit
 See Part V above.

b. HOME
Income Status
 ≤ 50% AMGI
 ≤ 60% AMGI
 ≤ 80% AMGI
 OI**

c. Tax Exempt
Income Status
 50% AMGI
 60% AMGI
 80% AMGI
 OI**

d. AHDP
Income Status
 50% AMGI
 80% AMGI
 OI**

e. _____
(Name of Program)
Income Status

 OI**

** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

 SIGNATURE OF OWNER/REPRESENTATIVE

 DATE