

**Hawaii Housing Finance & Development Corporation  
Rental Assistance Program Certification of Eligibility**

**A. GENERAL INFORMATION**

Project Name: \_\_\_\_\_ Address/Unit No. \_\_\_\_\_  
Household Name[s]: \_\_\_\_\_ No. Bedrooms/Bathrooms \_\_\_\_\_

**1. CERTIFICATION INFORMATION**

Initial Certification Certification Effective Date \_\_\_\_\_  
 Interim Recertification Move-in Date \_\_\_\_\_  
 Annual Recertification Next Annual Recertification \_\_\_\_\_  
 Other: \_\_\_\_\_

**2. ELIGIBILITY STATUS (Check all applicable items)**

Rental Assistance Program  Market  
 Section 8 Program  
 Rent Supplement  Other \_\_\_\_\_

**B. HOUSEHOLD COMPOSITION, INCOME & ASSETS**

1. Name of Household Member	Relationship	Date of Birth	Minor Y/N	FT Student Y/N	Annual Gross Income
TOTAL					

Household: Total Members \_\_\_\_\_ ; Number of Minors \_\_\_\_\_

**Net Family Assets**

Verified Net Family Assets \_\_\_\_\_ Total Income from Assets: a) \_\_\_\_\_  
HUD Approved Passbook Rate 2% Imputed Income from Assets:\* b) \_\_\_\_\_  
\* Complete and take higher of a or b, if applicable.

2. Annual Income (Total Household Income) (Add Total Annual Gross Income and Income from Assets. Household Income cannot exceed applicable income limits indicated on Line 5.) \_\_\_\_\_  
3. Rental Assistance Annual Income Limit for family size (80% of median income) \_\_\_\_\_

**I. Rental Assistance Program**

1. Contract Rent \_\_\_\_\_ \$ (Show net of utilities if tenant pays.)  
2. Less Tenant Contribution \_\_\_\_\_ <\$ > (Total Household Income/12 x 30%)  
3. Remaining Rent Due \_\_\_\_\_ \$ (Line 1 minus Line 2.)  
4. Less Rental Assistance Payment \_\_\_\_\_ <\$ > (Maximum Payment allowed is \$\_\_\_\_.)  
5. Shortfall Due from Tenant \_\_\_\_\_ \$ (Line 3 minus Line 4.)  
6. Total Tenant Contribution \_\_\_\_\_ \$ (Line 2 plus Line 5.)

II. Rental Assistance Program and Rent Supplement Program

1. Contract Rent	\$	(Show net of utilities if tenant pays.)
2. Less Tenant Contribution	<\$ >	(Total Household Income/12 x 30%)
3. Remaining Rent Due	\$	(Line 1 minus Line 2.)
4. Less Rental Assistance Payment	<\$ >	(Maximum Payment allowed is \$____.)
5. Remaining Rent Due	\$	(Line 3 minus Line 4.)
6. Apply Rent Supplement Payment		
a. Total Tenant Obligation *	\$	(Line 2 plus Line 5.)
b. Less Rent Supplement Payment	<\$ >	(Provided by Rent Supplement Office)
c. Shortfall Due to Tenant **	\$	
7. Total Tenant Contribution	\$	

\* Changes need to be reported to Rent Supplement Office to determine Rent Supplement payment.  
 \*\* If there is a negative shortfall due to the tenant, the Rental Assistance Portion should be adjusted to prevent overpayments.

III. Rental Assistance Program and Section 8 Program

1. Contract Rent	\$	(Show net of utilities if tenant pays.)
2. Less Rental Assistance Payment	<\$ >	(Maximum Payment allowed is \$____.)
3. Net Rent to Section 8	\$	\$____ Maximum FMR w/o Utilities
4. Less Section 8 Subsidy Payment	<\$ >	(As Determined by HUD/RD/HPHA/County)
5. Total Tenant Contribution	\$	(As Determined by HUD/RD/HPHA/County)

B. TENANT(S) CERTIFICATION

I/We certify that the information contained on this document is true and complete to the best of my/our knowledge. I/We understand that false statements are punishable by law. I/We understand that at least annual recertification of the income of tenants residing in this unit will be required and thereby agree to provide acceptable verification of current anticipated income for each person occupying the unit and to execute an HHFDC Certification of Eligibility form at time of lease renewal or at least annually.

_____	_____
(Signature of Head of Household)	Date
_____	_____
(Signature of Spouse/Co-Head)	(Signature of Co-Head)
_____	_____
(Signature of Co-Head)	(Signature of Co-Head)

C. MANAGEMENT AGENT'S/OWNER'S CERTIFICATION

I certify under penalty of perjury that the information on this form has been verified as required and the tenant(s) is/are eligible to reside in the project in accordance with the programs indicated in Part A, Section 2. I certify that I have received documentation to support the tenant's income limits indicated herein.

_____	_____
(Signature of Management Agent/Owner)	Date