

**SELF-CERTIFICATION OF ANNUAL INCOME (100 % LIHTC, \*HOME/HTF)**

LIHTC - To be completed for the second annual recertification and all subsequent recertifications in 100% tax credit projects.

\*HOME/HTF - To be completed for the first annual recertification and subsequent recertifications. Every 6th year of the affordability period, a full certification with two months' source documentation is required.

Effective Date: Move-in Date: **PART I - DEVELOPMENT**Property Name: BIN #: PISD: Address: County: Unit No: # BR: **SECTION TO BE COMPLETED BY RESIDENT**

HOUSEHOLD: Enter all household member name(s) and date(s) of birth below. Also note whether any household member has been or will be a full-time student within the 12-month period. Continue on separate sheet of paper if necessary.

**PART II. HOUSEHOLD COMPOSITION****DEMOGRAPHIC INFO\*\***

Hsld Mbr #	Last Name	First Name & Middle Initial	Relationship to Head	Date of Birth (mm/dd/yyyy)	F/T Student	SSN (last 4 digits)	Race	Ethnicity	Disabled
1			HEAD						
2									
3									
4									
5									
6									
7									
8									

\* If all occupants are full-time students, attach completed Student Status Affidavit form.

\*\* For Demographic Codes, reference Tenant Income Certification (TIC) Instructions.

**PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)**

INCOME: Enter household income including income from assets of each adult household member. If any member has no income put "Zero." Every adult Household member must sign below to certify their gross annual income anticipated for the next 12 months. See NOTES on second page of this form. Continue on separate sheet of paper if necessary.

Hsld Mbr #	Gross Annual Income & Income from Assets	Signature of Adult(s)
1		
2		
3		
4		
5		
6		
7		
8		
Total Annual Household Income from all Sources		

**SELF-CERTIFICATION OF ANNUAL INCOME (100 % LIHTC, \*HOME/HTF)**

Property Name:		Unit:	
Household Name:		BIN:	

I agree to notify management IMMEDIATELY if:

- ♦ Anyone in my household becomes a full-time student, and/or
- ♦ My household composition changes in any way.

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

Head of Household Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date
Other Household Adult Signature	Print Name	Date

**NOTES**

Types of Income: Possible types of income include but are not limited to: wages, salary, tips, bonuses, commissions, self-employment (including ride share and odd jobs), military pay, public assistance, Social Security/SSI, retirement benefits/pension, periodic withdrawals/RMDs from investment accounts, VA benefits, child support, regular gifts, unemployment, and some types of financial aid, and income earned on assets (checking, savings, etc.). Include what you anticipate receiving in the next 12 months. All income listed must be GROSS income (income before taxes and deductions).

Income from Assets: Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, and real estate. Include the annual interest/dividends from these accounts in your total income.

**SECTION TO BE COMPLETED BY MANAGEMENT**

MOVE-IN/QUALIFICATION:

Certification Effective Date:

Total Gross Annual Income:

Set-Aside % / HOME Low or High:

CURRENT RECERTIFICATION:

Effective Date of Recertification:

Total Gross Annual Income:

Tenant Paid Rent:

Utility Allowance:

Non-Optional Fees:

Gross Rent for Unit:

Maximum Rent for Unit:

Subsidy Portion:

Subsidy Type:

Set-Aside %, HOME Low or High:

Signature of Management Representative

Print Name

Date