## **SELF-CERTIFICATION OF ANNUAL INCOME (LIHTC Only)**

To be completed for the second annual recertification and all subsequent recertifications in 100% tax credit projects or Properties in their Post Year 15 Compliance period.

DEVELOPMENT DATA				
Property Name:		BIN #:	PISD:	
Address:	County:	Unit No:	# BR:	

## SECTION TO BE COMPLETED BY RESIDENT

<u>HOUSEHOLD</u>: Enter all household member name(s) and date(s) of birth below. Also note whether or not any household member is or will be a fulltime student in next 12 months. Continue on separate sheet of paper if necessary.

	Household Member Name	Date of Birth	Fulltime Student Yes/No?
Head			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

<sup>\*</sup> Please attach a completed Housing Student Status Verification form.

<u>INCOME</u>: Enter household income including income from assets of each adult household member. If some members have 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.

	Household Member Name	Total Gross Annual Income & Income from Assets	Signature of Adult(s)
Head			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Property Name:	Unit #:		
BIN#:	Household Name	:	
that false or incomplete information is a violation	ime student, and/or	gree to furnish any	
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		
12 months. All income listed must be GROSS income FROM ASSETS: Income from assets assets include, but are not limited to: checking actions.	Include what you receive now and what you anticipate recome (income before taxes and deductions).  must also be included in Total Gross Annual Income. Postocounts, savings accounts, cash on hand, money market acreal estate. Include the annual interest from these accounts.	sible types of counts,	
SECTION TO	BE COMPLETED BY MANAGEMENT		
MOVE-IN DATA:	CURRENT RECERTIFIC	ATION:	
Original Move-in Date:	Effective Date of Recertification:	Effective Date of Recertification:	
Set-aside %:	Total Gross Annual Income:		
Total Gross Annual Income:	Tenant Paid Rent:		
	Utility Allowance:		
	Gross Rent for Unit:		
	Maximum Rent Limit:		
	Subsidy Portion:		
	Subsidy Type:		
	·		
Signature of Management Representative	Print Name	Date	