

SELF-CERTIFICATION OF ANNUAL INCOME (LIHTC Only)

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

Effective Date: _____
Move-in Date: _____

PART I - DEVELOPMENT DATA

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 or not any household member is or will be a fulltime student in next 12 months. 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 Housing Student Status Verification 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 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.

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		

Property Name:		Unit:	
Household Name:		BIN:	

I agree to notify management IMMEDIATELY if:

- ♦ Anyone in my household becomes a fulltime 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, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid, and income earned on assets (checking, savings, IRA, etc.). Include what you receive now and 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, 401(k) and real estate. Include the annual interest from these accounts in your total income.

SECTION TO BE COMPLETED BY MANAGEMENT

MOVE-IN:

Original Move-In Date: _____

Set-Aside %: _____

Total Annual Household
Income at Move-In: _____

CURRENT RECERTIFICATION

Effective Date of Recertification: _____

Total Gross Annual Income: _____

Household Portion of Rent: _____

Utility Allowance: _____

Subsidy Portion: _____

Subsidy Type: _____

_____	_____	_____
Signature of Management Representative	Print Name	Date