

Development Information			
Project ID #: _____	For Year Ending 12/31/ _____		Effective Date: _____
BIN #: _____	BIN Address: _____		Move-In Date: _____
Unit ID #: _____	Number Bedrooms: _____	Unit Sq/Ft: _____	Certification Type: <input type="checkbox"/> Initial <input type="checkbox"/> Recertification <input type="checkbox"/> Other _____
Vacant Unit?: <input type="checkbox"/> The unit <u>WAS VACANT</u> on December 31st of the year information is being collected for >>>===== If vacant provide the move out date of the previous tenant: _____			

Household Composition										
	Last Name	First Name	Middle Initial	* Relationship to Head of Household	** Race	Ethnicity (Check Only One)	Disabled (Check Only One)	DOB (mm/dd/yyyy)	Full Time Student (Check Only One)	Last 4 Digits of SSN
HEAD OF HOUSEHOLD:				(H)ead		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> No Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
H/Hold Member #2:						<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> No Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
H/Hold Member #3:						<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> No Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
H/Hold Member #4:						<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> No Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
H/Hold Member #5:						<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> No Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
H/Hold Member #6:						<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> No Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response		<input type="checkbox"/> Yes <input type="checkbox"/> No	
H/Hold Member #7:						<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> No Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response		<input type="checkbox"/> Yes <input type="checkbox"/> No	

===== For additional household members use another Part II: 1602 Unit and Tenant Information Collection Form =====

* Relationship Codes: A = Adult co-tenant, C = Child, F = Foster child(ren)/adult(s), L = Live-in caretaker, O = Other family member, S = Spouse or N = None of the above

** Race Codes: 1 = White, 2 = Black/African American, 3 = American Indian/Alaska Native, 4 = Asian, 5 = Native Hawaiian/Other Pacific Islander, 6 = Other or 7 = Tenant did not respond

No response: If the tenant chose not to respond to the question then check the box No Response

Determination of Income Eligibility	Rent	Full Time Student Status
Total Household Income From All Sources: \$ _____	Tenant Paid Rent: \$ _____	Are All Occupants Full Time Students? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current 1602 Income Limit per Family Size: \$ _____	Utility Allowance: \$ _____	If yes, Enter student explanation Code (also attach documentation)
	Other Non-Optional Charges: \$ _____	*Explanation Code (Select 1 code) _____
RECERTIFICATION ONLY	Current Max Rent Limit for This Unit: \$ _____	*Student Explanation Codes 1 = TANF assistance 2 = Job Training Program 3 = Single parent/dependent child 4 = Married/joint return 5 = Formerly in foster care 6 = Extended-Use Period
Household Income at Initial Move-In Date: \$ _____	GROSS RENT FOR THIS UNIT: \$ _____	
Household Size at Initial Move-In Date: _____	* Source of Rent Assistance: (Select 1 code) _____	
* Effective Date of Most Recent Certification: _____	* Source of Federal Assistance 1 **HUD Multi-Family Project-Based Rental Assistance (PBRA) 2 Section 8 Moderate Rehabilitation 3 Public Housing Operating Subsidy 4 HOME Rental Assistance 5 HUD Housing Choice Voucher (HCV), tenant-based 6 HUD Project-Based Voucher (PBV) 7 USDA Section 521 Rental Assistance Program 8 Other Federal Rental Assistance	
* H/Hold Size at Most Recent Certification: _____	** (PBRA) Includes: Section 8 New Construction/Substantial Rehabilitation Section 8 Loan Management Section 8 Property Disposition Section 202 Project Rental Assistance Contracts (PRAC)	
* This information must be provided for 100% properties if no actual income verification is performed at this certification event		

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 1602 Grant Agreement and Declaration of Restrictive Covenants and Mortgage to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

Date