National Council *of*
State Housing Agencies

MODEL COMPLIANCE FORMS FOR HOUSING CREDIT DEVELOPMENTS

2024 UPDATE

All state Housing Credit agencies require Housing Credit development owners and managers to use specific forms in their compliance reporting. The National Council of State Housing Agencies, in collaboration with our members and stakeholders, developed the **2024 Model Compliance Forms for Housing Credit Developments** for agencies to provide to development owners, managers, and other Housing Credit industry professionals:

1. Owner Certification of Continuing Program Compliance
2. Tenant Income Certification (TIC) and TIC Instructions
3. Asset Self-Certification and Asset Self-Certification Worksheet
4. Certification of Zero Income
5. Affidavit of Student Financial Assistance
6. Student Status Verification
7. Student Self-Certification

The 2024 model compliance forms reflect modifications to income determination and asset certification rules under the Housing Opportunities Through Modernization Act (HOTMA). NCSHA's Recommended Practices in Housing Credit Administration encourage Housing Credit agencies to adopt these model forms to help standardize compliance monitoring practices across states. However, agencies may adapt the forms to their individual circumstances as needed.

OWNER'S CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE

Property Name: ______________________________ Project#: ____________________

Property Address: ______________________________

GP Name and Email Address: ______________________________

Tax ID# of Ownership Entity: ______________________________

Certification Dates:______________________ ______________________

(From MM/DD/YYYY) *(To MM/DD/YYYY)*

☐ No buildings have been placed in service.
☐ At least one building has been placed in service, but the owner elects to begin credit period in the following year.

If either of the above applies, please check the appropriate box, and proceed to page 3 to sign and date this form.

Resyndication Properties Only:
☐ No buildings have been placed in service under the most recent allocation.
☐ At least one building has been placed in service under the most recent allocation, but the owner elects to begin credit period in the following year.

If either of the above applies, please check the appropriate box, and complete the certification for the original allocation.

The Owner hereby certifies that:

1. The project meets the minimum requirement of (check one)
   ☐ The 20-50 test under Section 42(g)(1)(A)
   ☐ The 40-60 test under Section 42 (g)(1)(B)
   ☐ The Average Income test under Section 42(g)(1)(C)
   ☐ The 25-60 test under Section 42(g)(4) and Section 142(d)(6) [available for projects in New York City only]

1a. The project is "deep rent skewed" in accordance with Section 42(g)(2)(D)(iv) and Section 142(d)(4)(B)
   ☐ True ☐ False

2. If the project is an Average Income Test project as certified in question 1 above (If not an AIT project, leave blank):

   The owner has met the qualified group of units to satisfy the Average Income Test.
   ☐ True ☐ False If "False," attach an explanation and supporting documentation.

   The owner has met the qualified group of units used to determine the applicable fraction.
   ☐ True ☐ False If "False," attach an explanation and supporting documentation.

   There have been no changes to unit designation in this reporting year.
   ☐ True ☐ False If "False," attach an explanation and supporting documentation.

3. There has been no change in the applicable fraction as defined in Section 42(c)(1)(B) for any building in the project.
   ☐ True ☐ False If "False," attach documentation of the applicable fraction to be reported to the IRS for each building in the project for the certification year.

4. At initial occupancy, the owner has received a Tenant Income Certification from each low-income resident and documentation to support that certification, and if applicable, at annual recertification, the owner has received a Tenant Income Certification and documentation to support that certification.
   ☐ True ☐ False If "False," attach an explanation and the supporting documentation.

5. The owner has received an annual Student Self Certification for each low-income household.

This certification and any attachments are made under penalty of perjury. Failure to complete this form in its entirety will result in noncompliance with program regulations. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.

☐ True ☐ False If “False,” attach an explanation and the supporting documentation.

6. Each qualified low-income unit is rent-restricted under Section 42(g)(2) of the Code.
   ☐ True ☐ False If “False,” attach an explanation and the supporting documentation.

7. All low-income units in the project are for use by the general public and are used on a non-transient basis, except as otherwise permitted by Section 42 of the Code.
   ☐ True ☐ False If “False,” attach an explanation and the supporting documentation.

8. The property is in compliance with all Fair Housing Act regulations and there have been no violations of the Fair Housing regulations, including accessibility guidelines, filed against the project within the reporting period.
   ☐ True ☐ False If “False,” attach an explanation and the supporting documentation.

9. Each building in the project is suitable for occupancy taking into account local health, safety, building codes, and National Standards for the Physical Inspection of Real Estate (NSPIRE) as defined by HUD, and the state or local government unit responsible for building code inspections did not issue a report of a violation for any building or low-income unit in the project.
   ☐ True ☐ False If “False,” attach an explanation and the supporting documentation, including a copy of the violation report and any documentation of correction.

10. There have there been no changes in the eligible basis under Section 42(d) for any building in the project.
    ☐ True ☐ False If “False,” attach an explanation and the supporting documentation.

11. All resident facilities included in the eligible basis of any building in the project are provided on a comparable basis without a separate fee to all residents in the building.
    ☐ True ☐ False If “False,” attach an explanation and the supporting documentation.

12. If a low-income unit in the project has been vacant during the year, reasonable attempts were or are being made to rent that unit or the next available unit of comparable or smaller size to tenants having a qualifying income before any units were or will be rented to tenants not having a qualifying income.
    ☐ True ☐ False If “False,” attach an explanation and the supporting documentation.

13. If the income of a low-income household increased above the limit allowed in Section 42(g)(2)(D), all next available units of comparable or smaller size in that building were rented to an income qualified household.
    ☐ True ☐ False If “False,” attach an explanation and the supporting documentation.

14. An extended low-income housing commitment as described in section 42(h)(6) is in effect, including the requirement under Section 42(h)(6)(B)(iv) that an owner cannot refuse to lease a unit in the project to an applicant because the applicant holds a voucher of eligibility under Section 8 of the United States Housing Act of 1937, and all warranties, covenants, and representations contained in the Regulatory Agreement (Extended Use Agreement) and the Reservation Contract remain in force.
    ☐ True ☐ False If “False,” attach an explanation and the supporting documentation.

15. The owner has not refused to lease a unit to an applicant based solely on their status as a holder of a Section 8 voucher.
    ☐ True ☐ False If “False,” attach an explanation and the supporting documentation.

16. If the owner received a Credit allocation from the portion of the state ceiling set-aside for a project involving “qualified non-profit organizations” under Section 42(h)(5) of the code, the non-profit entity materially participated in the operation of the development within the meaning of Section 469(h).
    ☐ True ☐ False ☐ N/A If “False,” attach an explanation and the supporting documentation.

This certification and any attachments are made under penalty of perjury. Failure to complete this form in its entirety will result in noncompliance with program regulations. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.

17. There has been no change in the ownership or management of the property since the completion of the last Certification of Continuing Program Compliance.
☐ True ☐ False If "False," attach an explanation and the supporting documentation.

18. The property is in compliance with the Violence Against Women Act requirements and all related implementing regulations providing protections for residents and applicants who are victims of domestic violence, dating violence, sexual assault, and/or stalking.
☐ True ☐ False If "False," attach an explanation and the supporting documentation.

19. Pursuant to IRS Revenue Ruling 2004-82, the owner has not evicted any resident, or refused to renew any lease, except for good cause.
☐ True ☐ False If "False," attach an explanation and the supporting documentation.

20. The owner is compliant with all Housing Credit agency-mandated tenant protections and any applicable protections required by state or local landlord-tenant laws or rules
☐ True ☐ False If "False," attach an explanation and the supporting documentation.

21. The owner continues to comply with all terms it agreed to in its application for Credit authority, including all federal and state-level program requirements and any commitments for which it received points or other preferential treatment in its application.
☐ True ☐ False If "False," attach an explanation and the supporting documentation.

22. The property has not suffered a casualty loss resulting in the current displacement of residents.
☐ True ☐ False If "False," attach an explanation and the supporting documentation outlining the circumstances and date of the casualty loss and date on which the tenant(s) were able to return to their unit(s).

23. The owner has not initiated foreclosure or instrument in lieu of foreclosure since the completion of the last Certificate of Continuing Program Compliance.
☐ True ☐ False If "False," attach an explanation and the supporting documentation.
.

I, ____
(Print Name of Owner/Authorized Signer)

the undersigned Owner, being duly sworn, hereby represent and certify under penalty of perjury that the project is otherwise in compliance with the U.S. Tax Code, any Treasury/IRS Regulations, the applicable state Qualified Allocation Plan, and all other applicable laws, rules, and regulations. The information contained in this statement and answers to the above questions, including any attachments hereto, are true, correct and complete to the best of my knowledge. I further certify that I have the requisite authority to execute this *Owner's Annual Certification.*

(If there has been a change in signing authority, please attach a copy of the corporate resolutions or minutes from the partnership meeting, showing the undersigned has the authority to execute these documents for the ownership entity.)

____________________	____________________	____________________
Printed Name	Title	Owner Entity
____________________	____________________	
Signature	Date	

This certification and any attachments are made under penalty of perjury. Failure to complete this form in its entirety will result in noncompliance with program regulations. In addition, any individual other than an owner or general partner of the project is not permitted to sign this form, unless permitted by the state agency.

TENANT INCOME CERTIFICATION

☐ Initial Certification ☐ Recertification ☐ Other* _________

Effective Date: _______________
Initial LIHTC Qualification Date: __________
Move-in Date: _______________

PART I. DEVELOPMENT DATA

Property Name: ____________________ County: ______________ BIN #: __________

Address: __________________________ Unit Number: ____________ #Bedrooms: __________

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (circle one)	Last 4 Digits of Social Security No.
1					FT / PT / NAP	
2					FT / PT / NAP	
3					FT / PT / NAP	
4					FT / PT / NAP	
5					FT / PT / NAP	
6					FT / PT / NAP	
7					FT / PT / NAP	

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr#	(A) Employment	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	$	$	$	$
			Total Income (E):	**$**

PART IV. ASSETS

PART IVA. INCOME FROM ASSETS - LESS THAN OR EQUAL TO IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP), Real Property, and Federal Tax Refunds/Credits has been verified as ***LESS*** than or ***EQUAL*** to the Imputed Income Limitation

Enter Total of **ACTUAL INCOME** earned from all Assets **(F)** **$**

PART IVB. INCOME FROM ASSETS – GREATER THAN IMPUTED INCOME LIMITATION

Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as ***GREATER*** than the Imputed Income Limitation.

HH Mbr#	(G) Type of Asset	(H) C/D	(I) NNPP / Real/ Tax Relief	(J) Cash Value of Asset	(K) A/I	(L) Annual Income from Asset
					Enter Total Income from all Assets **(M)**	**$**

PART V. TOTAL HOUSEHOLD INCOME

Total Annual Household Income from All Sources [Add (E) + (F) ***OR*** (E) + (M)] **$**

HOUSEHOLD CERTIFICATION & SIGNATURE(S)

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full-time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature	*Date*	*Signature*	*Date*
Signature	*Date*	*Signature*	*Date*

PART VI. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: $ ______
From Part V. on Page 1

Current Income Limit per Family Size: $ ______

Household Income at Move-in: $ ______

Household Size at Move-in: ______

Designated Income Restriction:

☐ 80% ☐ 70%
☐ 60% ☐ 50%
☐ 40% ☐ 30%
☐ 20% ☐ ______%

RECERTIFICATION ONLY:

Designated Income Limit x 140% (170% for Deep Rent Skewing): $ ______

(Designated Income Limit: 20-50 properties use 50%; 40-60 properties use 60%; Average Income Test properties use 60% for all units with income designations that are 60% or lower and actual unit designation for units at 70% and 80%)

Household is over income at recertification:

☐ Yes ☐ No

PART VII. RENT

Tenant Rent: $ ______

Utility Allowance: $ ______

Rental Assistance: $ ______

Other non-optional / mandatory fees: $ ______

Gross Rent for Unit (See Instructions): $ ______

Unit Meets Rent Restriction at:

☐ 80% ☐ 70%
☐ 60% ☐ 50%
☐ 40% ☐ 30%
☐ 20% ☐ ______%

Is the source of Rental Assistance Federal? ☐ Yes ☐ No *If No, what is the source of the assistance?* ______

☐ HUD Multi-Family Project-Based Rental Assistance (PBRA)
☐ HUD Section 8 Moderate Rehabilitation
☐ Public Housing Operating Subsidy
☐ HOME Tenant Based Rental Assistance (TBRA)
☐ HUD Housing Choice Voucher (HCV-tenant based)
☐ HUD Project-Based Voucher (PBV)
☐ USDA Section 521 Rental Assistance Program
☐ Other Federal Rental Assistance ________________

PART VIII. STUDENT STATUS

Are all occupants Full-Time Students?	If Yes, enter Student Explanation* and attach documentation	Student Explanation: 1. TANF assistance 2. Previously in state foster care system 3. Job Training Program 4. Single parent/dependent child 5. Married/joint return
☐ Yes ☐ No	Enter 1-5: ______	

PART IX. PROGRAM TYPE

Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this Certification.

a. Housing Credit ☐	b. HOME ☐	c. Tax-exempt Housing Bond ☐	d. National HTF ☐	e. ______ ☐
See Part VI above.	*Income Status:*	*Income Status:*	*Income Status:*	*Income Status:*
	☐ ≤ 50% AMGI ☐ ≤ 60% AMGI ☐ ≤ 80% AMGI ☐ OI**	☐ ≤ 50% AMGI ☐ ≤ 60% AMGI ☐ ≤ 80% AMGI ☐ OI**	☐ 30%/Poverty Line ☐ ≤ 50% AMGI ☐ OI**	☐ ______% ☐ ______% ☐ OI**

** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

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 Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

______________________________ ______________________

Owner/representative Signature *Date*

INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

This form is to be completed by the owner or an authorized representative.

PART I. DEVELOPMENT DATA

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, designate the purpose of the recertification (i.e., resyndication, a unit transfer, a change in household composition, or other state-required recertification).

Type of Certification	Effective Date	Initial LIHTC Qualification Date	Move-in Date
New Move In	Same as LIHTC Qualification Date	Same as Move-in Date	Date tenant first moved into the project.
Acquisition/Rehab	Same as LIHTC Qualification Date	• Date of acquisition if executed before/after 120 days of the date of the acquisition • Date of tenant signature acquisition if executed after 120 days of the date of the acquisition • New Move-in (see above)	Date tenant first moved into the property.
Resyndication	• When grandfathering in tenants in place at time of new LIHTC allocation-Initial LIHTC Qualification Date • When completing a new LIHTC certification of in place tenants under the new LIHTC allocation-Date of Tenant Signature • New Move-in (see above)	Date first determined to be income eligible for the LIHTC program under the existing extended use agreement (should be same as Move-in Date; see above)	Date tenant first moved into the project (under the original LIHTC allocation).
Recertification	Annual anniversary of the Initial LIHTC Qualification Date	Based on Type of Certification (see above)	Date tenant first moved into the project.
Transfer	Date of Transfer	• Transfer within the same building or within the same multiple building project: See Move-in Date • Transfer to a different building that is a separate project due to line 8b election: Date of transfer	Date tenant first moved into the project.

Property name Enter the name of the development.

County Enter the county (or equivalent) in which the building is located.

BIN Enter the building identification number (BIN) assigned to the building (from IRS Form 8609).

INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

Address	Enter the address of the building.
Unit Number	Enter the unit number.
# bedrooms	Enter the number of bedrooms in the unit.

PART II. HOUSEHOLD COMPOSITION

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following coded definitions:

H	Head of household	S	Spouse
A	Adult co-tenant	C	Child
L	Live-in caretaker	O	Other
F	Foster child(ren)/adult(s)		

Enter the date of birth (in MM/DD/YYY format), student status, and Social Security number or alien registration number for each occupant. If Social Security/Noncitizen Registration numbers are not available, enter "0000". Student Status is determined by the academic institution.

If there are more than sever (7) occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

PART III. ANNUAL INCOME

From the verification forms obtained from each income source, enter the gross amount anticipated to be received for the 12 months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

Column (A)	Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.
Column (B)	Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.
Column (C)	Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).
Column (D)	Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
Column (E)	Add the totals from columns (A) through (D), above. Enter this amount.

If there are more than four (4) income lines, use an additional sheet of paper to list the remaining income lines and attach it to the certification.

PART IV. INCOME FROM ASSETS

Complete **PART IVA** or **PART IVB** based on the verified value of the Non-necessary Personal Property (NNPP) Real Property, and Federal Tax Refunds/Credits.

Instructions for Completing Tenant Income Certification

Part IVa. Income From Assets- Less than or Equal to Imputed Income Limitation

When the total verified net cash value of the NNPP, Real Property, and Tax Refunds/Credits is less than or equal to the Imputed Income Limitation as adjusted, only the actual income from each asset (as verified) is considered income.

Enter the total of the verified actual income from all assets in (F).

From the *Asset Self-Certification Worksheet,* enter value from either Part I, Line 7 *OR* Part II, Line 13.

Part IVb. Income From Assets- Greater Than Imputed Income Limitation

From the third-party verification forms obtained from each asset source, list the gross amount anticipated to be received during the 12 months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

Column (G)	List the type of asset (i.e., checking account, savings account, etc.)
Column (H)	- Enter **C** for current, if the family currently owns or holds the asset; or, - Enter **D** for disposed, if the family has disposed of the asset for less than fair market value within two years of the effective date of (re)certification.
Column (I)	- Enter **NNPP** when the asset is categorized as Non-necessary Personal Property; or, - Enter **Real** when the asset is categorized as Real Property, - Enter **Tax Ref** when there has been a Federal Tax Refund or Federal Tax Credit received within a year of the TIC effective date. *This is treated as a negative value when calculating the net cash value of the assets*.
Column (J)	Enter the cash value of the respective asset.
Column (K)	- Enter **A** if asset income for that asset is actual income; or, - Enter **I** if asset income for that asset is imputed.
Column (L)	Enter the annual income from the asset (i.e., savings account balance multiplied by the annual interest rate). If actual income can be determined, use actual income. If actual income cannot be determined, calculate the imputed income for that asset instead using the current HUD-published passbook savings rate.
Field (M)	Add the totals from column (L)

Part V. Total Household Income

Total household income is the amount of income from all sources and includes the values from **Part III. Annual Income** plus any income derived from assets under **Part IV. Assets.**

If **Part IVa. Income From Assets - Less Than or Equal to Imputed Income Limitation** was completed because the total net value from both Non-necessary Personal Property (NNPP) and Real Property has been verified as less than or equal to the Imputed Income Limitation as adjusted, *then*:

Total Household Income = (E) + (F)

If **Part IVb. Income From Assets – Greater Than Imputed Income Limitation** was completed because the total net value from both Non-necessary Personal Property (NNPP) and Real Property has been verified as greater than the Imputed Income Limitation as adjusted, *then*:

INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

TOTAL HOUSEHOLD INCOME = (E) + (M)

HOUSEHOLD CERTIFICATION & SIGNATURE(S)

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Tenant Income Certification. For move-in, it is recommended that the Tenant Income Certification be signed no earlier than five (5) days prior to the effective date of the certification.

Total Annual Household Income from All Sources	Enter the number from **PART V. TOTAL HOUSEHOLD INCOME**
Current Income Limit per Family Size	Enter the Current Move-in Income Limit for the household size at the designated income limit for that unit.
Household Income at Move-In	For recertifications only. Enter the household income from the move-in certification.
Household Size at Move-In	For recertifications only. Enter the number of household members from the move-in certification
Household Meets Income Restriction	Check the appropriate box for the income restriction that the household meets according to what is required by the minimum set-aside(s) for the project, including the specific unit designation for Average Income Test Projects.
Current Income Limit x 140%	For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% (170% for Deep Rent Skewed) and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% (170% for Deep Rent Skewed) of the current income limit, then the available unit rule must be followed. For units designated at 50 percent or below in Average Income Test developments, use 60% limit for Current Income Limit.

PART VII. RENT

Tenant Paid Rent	Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Rental Assistance	Enter the amount of rent assistance, if any.
Other Non-Optional / Mandatory Fees	Enter the amount of non-optional / mandatory fees, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Gross Rent for Unit	Enter the total of tenant paid rent plus utility allowance and other non-optional/mandatory fees.
Source of Rental Assistance	Check whether the rental assistance is provided under a federal rental assistance program. If so, check the type of federal rental assistance in one of the boxes below. If the rental assistance is not provided under a federal rental assistance program, indicate the source of the assistance.

INSTRUCTIONS FOR COMPLETING TENANT INCOME CERTIFICATION

Unit Meets Rent Restriction at	Check the appropriate rent restriction that the unit meets according to what is required by the minimum set-aside(s) for the project, including the specific unit designation for Average Income Test developments.

PART VIII. STUDENT STATUS

If all household members are full-time* students, check "yes." If at least one household member is not a full-time student, check "no."

If "yes" is checked, the appropriate exemption must be listed in the box to the right. If none of the exemptions apply, the household is ineligible to rent the unit.

PART IX. PROGRAM TYPE

Mark the program(s) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification. If the property does not participate in the HOME Investment Partnerships (HOME) program, Tax-Exempt Housing Bond, Housing Trust Fund (HTF), or other housing program, leave those sections blank.

Housing Credit	See Part VI above.
HOME	If the property receives financing from the HOME program and the unit this household will occupy will count toward the HOME program set-asides, mark the appropriate box indicting the household's income designation for purposes of HOME.
Tax-exempt Housing Bond	If the property receives financing from the tax-exempt Housing Bond program, mark the appropriate box indicating the household's income designation for purposes of the Housing Bond program.
National HTF	If the property receives financing from HTF and this household's unit will count towards the HTF set-aside requirements, mark the appropriate box indicting the household's income designation for purposes of HTF.
Other	If the property participates in any other affordable housing program, complete the information as appropriate.

SIGNATURE OF OWNER/REPRESENTATIVE

It is the responsibility of the owner or the owner's representative to sign and date this document immediately following execution by the resident(s).

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in tax credit compliance.

These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.

ASSET SELF-CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.

(Complete only one form per household; include assets of children.)

For the following asset types, include the current Cash Value of **each** asset held by any family member and the actual income that the asset earns. *Cash value is ***current*** **market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*

Household Name:		Unit#:	

PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)

☐ **True** ☐ **False** — **Within the past two (2) years, I/we have sold or given away assets below their fair market value (FMV).**

Asset #1:		Date of Disposal:		FMV - amt received:	
Asset #2:		Date of Disposal:		FMV - amt received:	

PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT

Have you received a federal tax return or refundable federal tax credit in the last 12 months?	☐ Yes ☐ No
Amount of return/credit:	$

PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)

☐ **True** ☐ **False** — **I/we do not have any non-necessary personal property**

Type of Asset	**(A) Cash Value***	**(B) Annual Income**	**Type of Asset**	**(A) Cash Value***	**(B) Annual Income**
Cash on Hand	$	N/AP	Cryptocurrency	$	$
Pre-paid Debit Card (including Govt. Benefits)	$	N/AP	Money Market/ CD	$	$
Checking/Savings	$	$	Annuities	$	$
Checking/Savings	$	$	Brokerage Account	$	$
Savings	$	$	Stocks/Bonds	$	$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	$	$	Other: _____	$	$
Whole Life Insurance	$	$	Other: _____	$	$

Non-Account Based

Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business

Description	**(A) Cash Value ***
	$
	$
	$
	$

PART IV. REAL PROPERTY

☐ **True** ☐ **False** — **I/we do not have any real property**

Description of Property	**(C) Cash Value***	**(D) Income**
	$	$
	$	$

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant ____ Date ____ Signature of Applicant/Tenant ____ Date ____

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

ASSET SELF-CERTIFICATION WORKSHEET

This worksheet accompanies the Asset Self-Certification. Complete **either** Part I *or* Part II depending on the nature of the types of assets disclosed by the family on the Asset Self-Certification. When the total net family assets are less than or equal to the applicable Imputed Income Limitation, then only the actual income as disclosed on the Asset Self-Certification is included on the Tenant Income Certification (TIC).

PART I: COMPLETE THIS SECTION IF THE FAMILY *ONLY* HAS NNPP AND NO REAL PROPERTY		
Determination of Total Net Family Assets		
(1)	Enter the total of all NNPP by adding the values in (A)	$
(2)	Enter the value of any NNPP disposed of for less than FMV	$
(3)	ADD lines (1) and (2)	$
(4)	Enter the amount of a federal tax return or refundable federal tax credit in the last 12 months	$
(5)	SUBTRACT line (4) from line (3)	$
(6)	Is the value in line (5) less than or equal to $_____	☐ Yes ☐ No
If **YES**, then proceed to **Determination of Income from Assets** If **NO**, the Asset Self Certification cannot be used, and each asset must be separately verified		
Determination of Income from Assets: Enter this amount on Part IVA, Line (F) of the TIC		
(7)	Enter the total by adding the values in (B)	$

PART II: COMPLETE THIS SECTION IF THE FAMILY HAS *BOTH* NNPP AND REAL PROPERTY		
Determination of Total Net Family Assets		
(1)	Enter the total of all NNPP by adding the values in (A)	$
(2)	Enter the value of any NNPP disposed of for less than FMV	$
(3)	ADD lines (1) and (2)	$
(4)	Is this value less than or equal to $_____	☐ Yes ☐ No
If **YES**, then proceed to line (5) If **NO**, the Asset Self Certification cannot be used, and each asset must be separately verified		
(5)	Enter the total of all Real Property by adding the values in (C)	$
(6)	Enter the value of any Real Property disposed of for less than FMV	$
(7)	ADD lines (5) thru (6)	$
(8)	Enter the amount of a federal tax return or refundable federal tax credit in the last 12 months	$
(9)	SUBTRACT line (8) from line (7)	$
(10)	Is the value in line (9) less than or equal to $_____	☐ Yes ☐ No
If **YES**, then proceed to **Determination of Income from Assets** If **NO**, the Asset Self Certification cannot be used, and each asset must be separately verified		
Determination of Income from Assets: Enter this amount from line (13) on Part IVA, Line (F) of the TIC		
(11)	Enter the total by adding the values in (B)	$
(12)	Enter the total by adding the values in (D)	$
(13)	ADD lines (11) and (12)	$

Imputed Income Limitation
FY 2024: $50,000
FY 2025: $51,600

CERTIFICATION OF ZERO INCOME

Each adult household member claiming zero income must complete this form

Applicant/Tenant:		**Unit#:**	

You have disclosed on the rental application that, *other than income derived from an asset*, you do not have any income. Please complete each part of the following to address how you will pay for rent and other household expenses.

PART I: KNOWN ANTICIPATE INCOME	
I **do not** expect to have any income in the next 12-months	☐ True ☐ False
I have been hired for a new job that will start soon *(submit verification)*	☐ True ☐ False
I have been approved for (or awarded) a regular recurring benefit that will start soon *(submit verification)*	☐ True ☐ False
PART II: SOURCES OF INCOME	
I affirm, under penalty of perjury, that I do not receive income from any of the following sources. *If **False** is elected, complete the following and submit verification:*	☐ True ☐ False

☐ Yes ☐ No	Wages, bonus, commissions, tips, etc.	☐ Yes ☐ No	Self-employment (includes Uber/Lyft, online sales, etc.)
☐ Yes ☐ No	Unemployment Benefits	☐ Yes ☐ No	Annuities, insurance policies, stocks, etc.
☐ Yes ☐ No	Worker's Compensation	☐ Yes ☐ No	Pensions, IRA, 401K
☐ Yes ☐ No	Disability Payments	☐ Yes ☐ No	Income from rental property
☐ Yes ☐ No	Alimony	☐ Yes ☐ No	Death Benefits
☐ Yes ☐ No	Child Support	☐ Yes ☐ No	Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, etc.
☐ Yes ☐ No	Social Security or SSI Benefits	☐ Yes ☐ No	Work for cash (babysitting, lawn care, etc.)
☐ Yes ☐ No	Help with paying bills or other expenses or regular gifts of money from family or friends who don't live with you (including online donations such as GoFundMe or through a local bank)		

PART III: HOUSEHOLD EXPENSES

Please explain how you will pay for the following expenses (check *N/AP* for any expense that does not apply to your household)

Rent	☐ N/AP	
Child Care	☐ N/AP	
Utilities	☐ N/AP	
Food	☐ N/AP	
Clothing/Shoes	☐ N/AP	
School *(supplies, tuition, etc.)*	☐ N/AP	
Phone (including cell phone)	☐ N/AP	
TV	☐ N/AP	
Internet	☐ N/AP	
Medical Care	☐ N/AP	
Medications & Prescription	☐ N/AP	
Personal Care Products *(shampoo, toothpaste, etc)*	☐ N/AP	
Vehicle Expenses *(car payments, insurance, fuel, etc)*	☐ N/AP	
Other transportation *(bus pass, rideshare fares, parking fees, etc.)*	☐ N/AP	
Payments on credit card balances	☐ N/AP	
Other expenses not listed above	☐ N/AP	

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

Signature of Applicant/Tenant | Printed Name of Applicant/Tenant | Date

AFFIDAVIT OF STUDENT FINANCIAL ASSISTANCE

Applicant/Tenant:		Unit#:	

You have disclosed that you are a student at an educational organization described in IRC §170(b)(1)(A)(ii) or are pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IRC §170(b)(1)(A)(ii) or of a state or political subdivision of a state.

For each of the following types of student financial assistance, please check **Yes** or **No**.
Note: If you are unsure about the type and/or amount financial assistance, check with the financial aid office at your school.

PART I. AMOUNTS RECEIVED UNDER SECTION 479B OF THE HIGHER EDUCATION ACT (HEA) OF 1965			
Section 479B provides that certain types of student financial assistance are excluded in determining eligibility for benefits made available through federal, state, or local programs financed with federal funds. The types of financial assistance listed below are considered 479B student financial assistance programs; however, this list is not exhaustive. If a source is not listed, please identify as “Other”:			
	Type	**Received**	**Annual Amount**
1.	Federal Pell Grants	☐ Yes ☐ No	$
2.	Teach Grants	☐ Yes ☐ No	$
3.	Federal Work Study Programs	☐ Yes ☐ No	$
4.	Federal Perkins Loans	☐ Yes ☐ No	$
5.	Student financial assistance received under the Bureau of Indian Education	☐ Yes ☐ No	$
6.	Higher Education Tribal Grant	☐ Yes ☐ No	$
7.	Tribally Controlled Colleges or Universities Grant Program	☐ Yes ☐ No	$
8.	Employment training program under section 134 of the Workforce Innovation and Opportunity Act (WIOA)	☐ Yes ☐ No	$
9.	Other amounts awarded under Section 479B	☐ Yes ☐ No	$
		TOTAL	**$**

PART II. AMOUNTS RECEIVED AS OTHER STUDENT FINANCIAL ASSISTANCE			
Other student financial assistance includes grants or scholarships (either need- or merit-based) received from the following sources:			
	Type	**Received**	**Annual Amount**
1.	The Federal government	☐ Yes ☐ No	$
2.	A state (including U.S. territories), Tribe, or local government	☐ Yes ☐ No	$
3.	A private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3)	☐ Yes ☐ No	$
4.	A business entity (such as a corporation, general partnership, limited liability company, limited partnership, joint venture, business trust, public benefit corporation, or nonprofit entity)	☐ Yes ☐ No	$
5.	An institution of higher education	☐ Yes ☐ No	$
6.	Military Assistance (state or federal, e.g. G.I. Bill)	☐ Yes ☐ No	$
		TOTAL	**$**

AFFIDAVIT OF STUDENT FINANCIAL ASSISTANCE

PART III. OTHER MONETARY CONTRIBUTIONS			
	Type	**Received**	**Annual Amount**
1.	Financial support provided to the student in the form of a fee for services performed (e.g., a work study or teaching fellowship) that is not excluded from eligibility determination in accordance with section 479B of the Higher Education Act HEA)	☐ Yes ☐ No	$
2.	Gifts, including gifts from family or friends	☐ Yes ☐ No	$
		TOTAL	**$**

PART IV. COVERED COSTS		
For each of the covered cost associated with attendance, identified how the cost will be covered.		
	Cost	**Method of Payment**
1.	Tuition	
2.	Books	
3.	Supplies (including supplies and equipment to support students with learning disabilities or other disabilities),	
4.	Room	
5.	Board	
6.	Fees required and charged to a student by an institution of higher education	

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

______________________	______________________	______________________
Signature of Applicant/Tenant	Printed Name of Applicant/Tenant	Date

STUDENT STATUS VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT	
This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following property:	
Property Name:	
I hereby grant disclosure of the information requested below from:	
	Name of Educational Institution
I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent, attached to a copy of this consent.	
Signature	Date
Printed Name	Student ID#

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below for calendar year _____

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION		
1.	Is the above-named individual a *current* student at this educational institution?	☐ Yes ☐ No
2.	Has the above-named individual been a student in any month in the calendar year?	☐ Yes ☐ No
3.	Is the above-named individual enrolled as a student in any (future) month the calendar year?	☐ Yes ☐ No

If **YES** to any of the above, please indicate this student's full-time (FT) or part-time (PT) status for each month of the calendar year:
(Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.)

January	☐ FT ☐ PT ☐ N/A	July	☐ FT ☐ PT ☐ N/A
February	☐ FT ☐ PT ☐ N/A	August	☐ FT ☐ PT ☐ N/A
March	☐ FT ☐ PT ☐ N/A	September	☐ FT ☐ PT ☐ N/A
April	☐ FT ☐ PT ☐ N/A	October	☐ FT ☐ PT ☐ N/A
May	☐ FT ☐ PT ☐ N/A	November	☐ FT ☐ PT ☐ N/A
June	☐ FT ☐ PT ☐ N/A	December	☐ FT ☐ PT ☐ N/A

4.	What is the cost of tuition and required fees per term?					_____
	How many terms does the student attend?					_____
5.	Has the student been given any financial aid?					☐ Yes ☐ No
	If **YES**, complete the following:		**Source**	**Amount**	**Beginning Date**	**Ending Date**
	Amounts Received under §479B HEA	☐ N/AP				
	Other *(e.g. grants/scholarships)*	☐ N/AP				

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.			
Signature:		Date:	
Print Name:		Title:	
Email Address:		Phone:	

Penalties for Misusing This Content: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

STUDENT SELF-CERTIFICATION

This annual Student Self-Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: ____ Unit No. if assigned: ______________

Development Name and Address: ____

Move-in Date if applicable: __________________________ Effective Date: ________________________________

Check A, B, or C as applicable (note that "students" include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses):

A. _____ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed **(Do not answer questions 1-5)**. Sign and date below.

B. _____ Household contains all students but is qualified because the following occupant(s) ________________________________ is/are a PART-TIME student(s) who have not been/will not be a full-time student for five months or more of the current and/or upcoming calendar year. (Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.) Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed **(Do not answer questions 1-5)**. Sign and date below.

C. _____ Household contains <u>all</u> students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If this item is checked, questions 1-5 below must be completed:**

1. Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return) ☐ YES ☐ NO
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return) ☐ YES ☐ NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) ☐ YES ☐ NO
4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) ☐ YES ☐ NO
5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) ☐ YES ☐ NO

*Full-time student households that satisfy any one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members aged 18 or older must sign and date.

________________________	____________________________	____________
Printed Name	Signature	Date

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

NCSHA National Council *of* State Housing Agencies

For more than 50 years, state Housing Finance Agencies (HFAs) have played a central role in the nation's affordable housing system, delivering financing to make possible the purchase, development, and rehabilitation of affordable homes and rental apartments for low- and middle-income households.

The National Council of State Housing Agencies (NCSHA) is a nonprofit, nonpartisan organization created to advance, through advocacy and education, the efforts of the nation's state HFAs and their partners to provide affordable housing to those who need it.

Learn more at ncsha.org.

NCSHA
444 North Capitol Street NW, Suite 438
Washington, DC 20001
202-624-7710
info@ncsha.org
ncsha.org