MODEL COMPLIANCE FORMS FOR HOUSING CREDIT DEVELOPMENTS

2019 UPDATE
Model Compliance Forms for Housing Credit Developments

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

- Owner’s Certification of Continuing Program Compliance
- Tenant Income Certification
- Employment Verification
- Certification of Zero Income
- Under $5,000 Asset Certification
- Student Self-Certification
- Student Status and Financial Aid Verification

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 15-40 test for “deep rent skewed” projects under 42(g)(4) and 142(d)(4)(B)

2. 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.

3. 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.

4. The owner has received an annual Student Self Certification for each low-income household.
   ☐ True   ☐ False   If “False,” attach an explanation and the supporting documentation.

5. 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.

6. 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.

7. 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.

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.
8. Each building in the project is suitable for occupancy taking into account local health, safety, building codes, and Uniform Physical Condition Standards (UPCS) 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.

9. 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.

10. 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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.

16. 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.

17. 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.

18. 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.

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.
19. 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).

20. 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.

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

**Effective Date:** ____________________  **Move-in Date:** ____________________

(DD/MM/YYYY)

<table>
<thead>
<tr>
<th>Initial Certification</th>
<th>Recertification</th>
<th>Other</th>
</tr>
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</table>

## PART I. DEVELOPMENT DATA

<table>
<thead>
<tr>
<th>Property Name:</th>
<th>County:</th>
<th>BIN #:</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Unit Number:</td>
<td>#Bedrooms:</td>
</tr>
</tbody>
</table>

## PART II. HOUSEHOLD COMPOSITION

<table>
<thead>
<tr>
<th>HH Mbr #</th>
<th>Last Name</th>
<th>First Name &amp; Middle Initial</th>
<th>Relationship to Head of Household</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>F/T Student (Y or N)</th>
<th>Last 4 Digits of Social Security No. if applicable</th>
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</thead>
<tbody>
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</table>

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

<table>
<thead>
<tr>
<th>HH Mbr #</th>
<th>(A) Employment or Wages</th>
<th>(B) Social Security/Pensions</th>
<th>(C) Public Assistance</th>
<th>(D) Other Income</th>
</tr>
</thead>
<tbody>
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**TOTALS** $ $ $ $ 

Add totals from (A) through (D), above **TOTAL INCOME (E):** $ 

## PART IV. INCOME FROM ASSETS

<table>
<thead>
<tr>
<th>HH Mbr #</th>
<th>(F) Type of Asset</th>
<th>(G) C/I</th>
<th>(H) Cash Value of Asset</th>
<th>(I) Annual Income from Asset</th>
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**TOTALS: $ $ $**

Enter Column (H) Total If over $5,000 $ $ $ X Current Passbook Rate = (J) Imputed Income $ 

Enter the greater of the total of Column (I) or (J): imputed income **TOTAL INCOME FROM ASSETS (K) $**

**(L) Total Annual Household Income from All Sources [Add (E) + (K)] $**

## HOUSEHOLD CERTIFICATION & SIGNATURES

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) __________
**PART V. DETERMINATION OF INCOME ELIGIBILITY**

| TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: | $________ |
| Designated Income Restriction: | □ 80% □ 70% □ 60% |
| □ 50% □ 40% □ 30% |

Current Income Limit per Family Size: $________

Household Income at Move-in: $________

Household Size at Move-in: ______________

**PART VI. RENT**

| Tenant Paid Rent: | $________ |
| Utility Allowance: | $________ |
| Rental Assistance: | $________ |
| Other non-optional charges and mandatory fees: | $________ |

Gross Rent For Unit (See Instructions): $________

Is the source of the Rental Assistance Federal? □ Yes □ No

*If No, what is the source of the assistance? ___________

If Yes, identify the type of Federal Rental Assistance:

□ HUD Multi-Family Project-Based Rental Assistance (PBRA)
□ HUD Section 8 Moderate Rehabilitation
□ Public Housing Operating Subsidy
□ HOME Tenant Based Rental Assistance (TBRA)

**PART VII. STUDENT STATUS**

| ARE ALL OCCUPANTS FULL-TIME STUDENTS? | □ Yes □ No |

If yes, enter Student Explanation* and attach documentation Enter 1-5

*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

**PART VIII. 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/recertification.

a. Housing Credit □

b. HOME □
c. Tax-exempt Housing Bond □
d. National HTF □
e.________ (Name of Program)

See Part V above.

| Income Status | Income Status | Income Status |
| ≤ 50% AMGI | ≤ 50% AMGI | ≤ 30%/Poverty line |
| ≤ 60% AMGI | ≤ 60% AMGI | 50% AMGI |
| ≤ 80% AMGI | ≤ 80% AMGI | OI** |
| OI** | OI** | OI** |

** 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.

SIGNATURE OF OWNER/REPRESENTATIVE ______________ DATE ______________

**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

**SIGNATURE OF Owner/REPRESENTATIVE **

**DATE**

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

**SIGNATURE OF Owner/REPRESENTATIVE **

**DATE**

**Tenant Income Certification (2019)**
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).

Move-in Date
Enter the date the tenant has or will take occupancy of the unit.

Effective Date
Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification. For acquisition/rehabilitation where existing tenants are being initially certified within 120 days of the date of acquisition, the effective date is the date of acquisition. Otherwise the effective date is the date the existing household signs the TIC.

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).

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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>Head of household</td>
</tr>
<tr>
<td>A</td>
<td>Adult co-tenant</td>
</tr>
<tr>
<td>C</td>
<td>Child</td>
</tr>
<tr>
<td>L</td>
<td>Live-in caretaker</td>
</tr>
<tr>
<td>S</td>
<td>Spouse</td>
</tr>
<tr>
<td>F</td>
<td>Foster child(ren)/adult(s)</td>
</tr>
<tr>
<td>O</td>
<td>Other</td>
</tr>
</tbody>
</table>

Enter the date of birth, student status, and Social Security number or alien registration number for each occupant.

If there are more than eight (8) occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

Part III. Annual Income

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income, including acceptable forms of verification.

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.

Row (E) Add the totals from columns (A) through (D), above. Enter this amount.

**Part IV. Income from Assets**

See HUD Handbook 4350.3 for complete instructions on verifying and calculating income from assets, including acceptable forms of verification.

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 (F) List the type of asset (i.e., checking account, savings account, etc.).

Column (G) Enter C (for current, if the family currently owns or holds the asset) or I (for imputed, 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 (H) Enter the cash value of the respective asset. Cash value is the market value less expenses involved in converting the asset to cash.

Column (I) Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate). Anticipated income is the market value multiplied by the interest rate for the asset.

TOTALS Add the total of Column (H) and Column (I), respectively.

If the total in Column (H) is greater than $5,000, you must do an imputed calculation of asset income. Enter the Total Cash Value, multiply by current passbook rate and enter the amount in (J), Imputed Income.

Row (K) Enter the greater of the total in Column (I) or (J).

Row (L) Total Annual Household Income from All Sources Add (E) and (K) and enter the total.

**HOUSEHOLD CERTIFICATION AND SIGNATURES**

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.

**Part V. Determination of Income Eligibility**

Total Annual Household Income from All Sources Enter the number from item (L).

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
On the adjacent line, 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 developments.

Current Income Limit x 140%
(170% for Deep Rent Skewed)
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 VI. 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 Charges
Enter the amount of non-optional charges, 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 charges.

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.

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 VII. 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.

*Full time is determined by the school the student attends.

**Part VIII. 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.

Tax Credit
See Part V 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 indicating the household’s income designation for purposes of HOME.
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.

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 indicating 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.*
**EMPLOYMENT VERIFICATION**

TO:  (Name & Address of Employer)  

FROM: (Name & Address of Owner/Management Agent)  

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**PERMISSION FOR RELEASE OF INFORMATION**

Release: 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 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

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**THIS SECTION TO BE COMPLETED BY EMPLOYER**

*Employer, please fill in all blanks. Enter N/A if an item is not applicable to the above employee.*

Employee Name: ___________________________  Job Title: ___________________________

Presently Employed: Yes _____  Date First Employed _________  No _____  Last Day of Employment _________

Current gross wages/salary: $__________ (circle one) hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other___________

Average # of regular hours per week: _______

Overtime Rate: $__________ per hour  Average # of overtime hours per week (not included in regular hours): _______

Shift Differential Rate: $__________ per hour  Average # of shift differential hours per week (not included in regular hours): _______

Commissions, bonuses, tips, other: $__________ (circle one) hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other___________

Complete only if above wage data is unavailable:  Year-to-date earnings: $__________ From /______/______ through /______/______

List any anticipated change in the employee’s rate of pay within the next 12 months: __________________________; Effective date: __________________

Is the employee’s work seasonal or sporadic? Yes _____  No _____  If yes, indicate the average number of weeks in the layoff period(s): _______

Does this employee have a 401(k), 403(b), or other retirement account? Yes _____  No _____  If yes, can the employee withdraw the funds in this account? Yes _____  No _____  What is the appropriate agency/contact information to verify retirement account information? __________________________

Additional remarks: __________________________

---

Signature: __________________________            Date: ________________

Print Your Name: ___________________________            Tel. #: ________________

Title: ___________________________            Email: ___________________________

Company Name: ___________________________

Address: ___________________________

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CERTIFICATION OF ZERO INCOME
(Each adult household member must complete this form.)

Head of Household Name: ____________________________  Unit No.: ____________________________

Development Name and Address: ____________________________

A. Within the next 12 months, will you receive income from any of the following sources?
   You must supply additional information to verify all ‘Yes’ answers.
   ☐ 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 Interest/dividends from assets, including bank accounts
   ☐ Yes ☐ No Social Security
   ☐ Yes ☐ No Direct Sales Consulting such as Mary Kay, Tupperware, Pampered Chef, 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)
   ☐ Yes ☐ No Work for cash (babysitting, lawncare, etc.)
   ☐ Yes ☐ No Any other source (if yes, explain below)

B. Mark the ONE statement that applies to you:
   ☐ I do not expect to have any source of income in the next 12 months.

   ☐ I have been hired for a new job or I will be receiving another source of income soon. I will give you more information for verification purposes.

C. If you have circled N for each source of income in section A, and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following:
   (write N/A if the cost does not apply to your household)

Rent (including garage rent, if applicable) ____________________________
Utilities ____________________________
Food ____________________________
Clothing ____________________________
School supplies ____________________________
Cell phone or phone ____________________________
TV (cable, dish, satellite) and/or internet ____________________________
Medical care ____________________________
Medications & prescriptions: ____________________________
Personal care products (shampoo, toothpaste, etc.) ____________________________
Vehicle expenses (car payments, insurance, fuel, etc.) ____________________________
Payments on credit card balances ____________________________
Other expenses not listed above ____________________________
Additional comments ____________________________

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

Certification of Zero Income (2019)
### UNDER $5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed $5,000. Complete only one form per household; include assets of children.

#### Head of Household Name: ____________________________  Unit No.: ____________________________

#### Development Name and Address: ____________________________

**Complete all that apply for 1 through 4:**

1. **My/our assets include (enter n/a in (A) if you do not own the respective asset):**

<table>
<thead>
<tr>
<th>Source</th>
<th>(A) Cash Value*</th>
<th>(B) Int. Rate</th>
<th>(A*B) Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings Account(s)</td>
<td>$</td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>Cash on Hand</td>
<td>$</td>
<td>N/AP</td>
<td>N/AP</td>
</tr>
<tr>
<td>Certificates of Deposit</td>
<td>$</td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>Stocks</td>
<td>$</td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>IRA Account(s)</td>
<td>$</td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>Keogh Account(s)</td>
<td>$</td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>Equity in Real Estate</td>
<td>$</td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>Lump Sum Receipts</td>
<td>$</td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>Bitcoin/ Cryptocurrency</td>
<td>$</td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>Life Insurance (Excluding Term)</td>
<td>$</td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>Other Retirement/Pension Funds not named above:</td>
<td>$</td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>Personal Property Held as an Investment**</td>
<td>$</td>
<td>%</td>
<td>$</td>
</tr>
<tr>
<td>Other (list):</td>
<td>$</td>
<td>%</td>
<td>$</td>
</tr>
</tbody>
</table>

**Explanation:**

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.

***Checking Account cash value should be the average in the checking account over the last six (6) months

****Cash Card Account used to receive government benefits or other income.

2. **Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than $1,000 below fair market value (FMV). Those amounts equal a total of: $ ________________ (enter the difference between FMV and the amount you received).

3. **I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

4. **I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

**The net family assets (as defined in 24 CFR 813.102) above do not exceed $5,000, and the annual income from the net family assets is $ ________________ (enter the total of all (A*B) Annual Income in section 1 above). This amount is included in total gross annual 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

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Under $5,000 Asset Certification (2019)
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. 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 all 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 satisfy 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 age 18 or older must sign and date.

Printed Name ___________________________ Signature ___________________________________ Date ______________

Printed Name ___________________________ Signature ___________________________________ Date ______________

Printed Name ___________________________ Signature ___________________________________ Date ______________

Printed Name ___________________________ Signature ___________________________________ Date ______________

Student Self Certification (2019)
STUDENT STATUS AND FINANCIAL AID VERIFICATION

TO: (Name & Address of Educational Institution)  RE:  

__________________________________________  Applicant/Tenant Name

__________________________________________  Student ID Number (if applicable):  Unit Number (if assigned)

FROM: (Name & Address of Owner/Management Agent)

__________________________________________  Contact  at ( ) ________________________
or by email at ____________________________ if you have any questions.

Thank you for your prompt response. All information is confidential.

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. (NOTE: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.)

Signature of Applicant/Tenant  Date

THIS SECTION TO BE COMPLETED BY FINANCIAL AID PROVIDER AND/OR EDUCATIONAL INSTITUTION

Please complete all information requested below. Write N/A if not applicable.

1. Student currently attends school (please circle one): Full Time  Part Time  Not Currently Enrolled

2. If full time, the date the student enrolled as such:  _____/_____/_____

3. Expected date of graduation:  _____/_____/_____

4. Does student attend summer session?  ☐ Yes  ☐ No

5. Is student a participant in a program funded under the Workforce Innovation and Opportunity Act or a similar program?  ☐ Yes  ☐ No

6. Total cost of tuition and required fees (do not include room and board)  $______________

7. Total financial assistance including scholarships, grants, etc. per semester (public or private, excluding student loans):

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Beginning Date</th>
<th>Ending Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarships</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Study</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature  Date

Print Name  Title

Address

City, State Zip  Email Address  Phone

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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.