Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

U. S. Department of Housing And Urban Development

Office of Housing Federal Housing Commissioner

NOT for Submission to the Federal Government Landlord's Official Record of Certification

> OMB Approval Number 2502-0204 (Exp. 12/31/2007)

Section A. Acknowledgements

Read this before you complete and sign this form HUD-50059

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested, including the Social Security Numbers (SSNs) you, and all other household family members age six (6) years and older, have and use. Giving the SSNs of all family members age six (6) years and older is mandatory; not providing the SSNs will affect your eligibility. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Tenant(s)' Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

| | Certificatio | n Summa | ry from Page 2 | | | |
|------------------------------------|---------------------------------|----------------------|--------------------|--------------------|--------------------------|--|
| Name of Project | | Unit Number | Effective Date | Certification Type | | |
| Head of Household | | Total Tenant Payment | Assistance Payment | Tenant Rent | | |
| | Te | nant Sign | atures | | | |
| Head of Household | Date | | ner Adult | Date | | |
| Spouse / Co-Head | Date | Oti | ner Adult | Date | | |
| Other Adult | Date | Oti | ner Adult | Date | | |
| Other Adult | Date | Oti | ner Adult | Date | | |
| Other Adult | Date | Oti | ner Adult | Date | | |
| Other Adult | Date | Oti | ner Adult | Date | | |
| Other Adult | Date | Oti | ner Adult | Date | | |
| | Owne | er/Agent S | Signature | | | |
| Owner/Agent | Date | | | | | |
| Check this box if Tenant is unable | to sign for a legitimate reasor | 1 | | | Anticipated Voucher Date | |

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures Record for Landlords

U. S. Department of Housing And Urban Development

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(Exp. 12/31/2007)

| | | | Section | B. Su | mmary In | formatio | on | | | | | | |
|---|--|---|--|---|--|-------------|--|--|---------------------------------|----------------------------|--|--|--|
| 2. Su 3. Se 4. Pro 5. Pro 6. Co 7. TR 8. Pla 9. HL 10. Re 11. Fie | beject Name besidy Type condary Subsidy Type conda | ve Date vated Vo Recertific Move-In Ecation Ty Process Subsidy us Hous cement | ucher Date nation Date n Date Date //pe sed se n Date | r Code it No. posit int ance Date Code ponversion Indicato | | | | | | | | | |
| | | | | | | 16 | 47. | 48. | 49. 50. | 51. 52. | | | |
| 38. No. | 39. Last Name | 40. First Name | 41. 42 MI Re | | 44. 45 Race Eth | · Dirth | Special | ID Code (SSN) | Elig. Alien Reg. Code Number | Age at Work Cert. Codes | | | |
| 54. F | amily is Mobility Impaired? amily is Hearing Impaired? amily is Visually Impaired? | 57 58 | 56. Number of Family Members 57. Number of Non-Family Members 58. Number of Dependents 59. Number of Eligible Members 60. Expected Family Addition - Adoption of 1. Expected Family Addition - Pregnance of 1. Expected Family Addition - Foster of 1 | | | | | | | | | | |
| 64. P | revious Head Last Name revious Head First Name revious Head Middle Initial | 1 | | | | | 67. Previo | ous Effective Dous Head ID ous Head Birth | | | | | |
| | Section D. Inc | ome Informati | on | | | Se | ction E. | Asset Info | rmation | | | | |
| 69. Mbr. No. | 70. Income Type Code | | | its Mb | 78. 79. Mbr. Description No. | | 80. Statu | 81. s Cash Valu | 82. Actual Yearly Income | 83. Date Divested | | | |
| | 73. Total Employment 74. Total Pension Inco 75. Total Public Assis | ome | | | 85. / | Actual Inco | e of Assets ome from As book Rate | sets | | | | | |
| | 76. Total Other Incom 77. Total Non-Asset In | ncome | ction F Al | lowan | 88.7 | Asset Inco | | Assets | | | | | |
| 89. Total Annual Income 90. Lower Income Limit 91. Very Low Income Limit 92. Extremely Low Income Limit 93. Current Income Status 94. Eligibility Universe Code 95. Sec. 8 Assist. 1984 Indicator 96. Income Exception Code 97. Police / Security Tenant? 98. Survivor of Qualifier? 99. Household Assistance Status 100. Allowance for 101. Child Care E 102. Child Care E 103. 3% of Income 104. Disability Ex 105. Disability Allo 106. Medical Exp 107. Medical Allo 108. Elderly Hous 109. Total Allowan 109. Total Allowan | | | | | ependents nse (work) nse (school) se nce e ce old Allowance | | 111. 112. 113. 114. 115. 116. 117. 118. | 111. Total Tenant Payment 112. Tenant Rent 113. Utility Reimbursement 114. Assistance Payment 115. Welfare Rent 116. HCDA percentage 117. Percent Actually Charged 118. Hardship Exemption 119. Waiver Type Code | | | | | |

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| Name of Project | | | | | | | l | Unit Number Effective Date | | | Certification Type | | | | |
|--------------------|-------------------------|-------------------|----------------------------------|-------------|---------------|---------|-----------|---|----------------------|-------------------------|--------------------------|----------------------|-------------------------------|-------------------------|----------------------|
| Head of Household | | | | | | | 1 | Total Tenant Payment Assistance Payment | | | | Tenant Rent | | | |
| | | | Section | n C | . Н | ouse | ehold | l Inf | ormation | | | | | | |
| 38. No. | 39. Last Name | 40. First Name | 41. MI | 42. Rel. | 43. Sex | 4 Ra | 4. ace | 45. Eth. | 46. Birth Date | 47. Specia Status | 48. ID Code (SSN) | 49. Elig. Code | 50. Alien Reg. Number | 51. Age at Cert. | 52. Work Codes |
| | | | | | | | | | | | | | | | |
| | Section D. Inc | ome Informatio | | | | | | | Section | on E. | Asset Info | rmati | | | |
| 69. Mbr. No. | 70. Income Type Code | 71. Amount | 72. SSN Benefits Claim No. | | Benefits Mbr. | | | 79. 80 Description Star | | 80. Statu | 0. 81. tus Cash Value | | 82. ctual Yearly Income | 83. Date Divested | |
| | | | | | | | | | | | | | | | |