HUD LIHTC Tenant Data Collection Form

OMB Approval No. xxxx-xxxx (Exp. x/xx/20xx)

HUD LIHTC Tenant Data Collection Form	
☐ Initial Certification ☐ Recertification ☐ Other _________	Effective Date: __________
	Move-in Date: __________ (MM/DD/YYYY)

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 (Y or N)	Last 4 Digits of Social Security No.	Race	Ethnicity	Disabled?
1										
2										
3										
4										
5										
6										
7										

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS				
Add totals from (A) through (D), above TOTAL INCOME (E):				

PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
		TOTALS		

Enter Column (H) Total If over $5000 ______________ Passbook Rate X 2.00% = (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)]

PART V. DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L)

Household Meets Income Restriction at:

☐ 60% ☐ 50%

☐ 40% ☐ 30%

☐ ____%

RECERTIFICATION ONLY:

Current Income Limit x 140%: __________

Household Income exceeds 140% at recertification:

☐ Yes ☐ No

Current Income Limit per Family Size: __________

Household Income at Move-in: __________

Household Size at Move-in: __________

PART VI. RENT

Tenant Paid Rent ____________
Utility Allowance ____________

Rent Assistance: ____________
Other non-optional charges: ____________

GROSS RENT FOR UNIT:
(Tenant paid rent plus Utility Allowance & other non-optional charges) [ ]

Unit Meets Rent Restriction at:
❑ 60% ❑ 40%
❑ 50% ❑ 30%
❑_____%

Maximum Rent Limit for this unit: ____________

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

☐ Yes ☐ No

If yes, Enter student explanation* [ ]

*Student Explanation:
1 TANF assistance
2 Job Training Program
3 Single parent/dependent child
4 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. Tax Credit ☐	b. HOME ☐	c. Tax Exempt ☐	d. AHDP ☐	e. ____________ (Name of Program)
See Part V above.	Income Status	Income Status	Income Status	Income Status
	☐ ≤ 50% AMGI	☐ 50% AMGI	☐ ≤ 50% AMGI	☐ ____________
	☐ ≤ 60% AMGI	☐ 60% AMGI	☐ ≤ 80% AMGI	☐ ____________
	☐ ≤ 80% AMGI	☐ 80% AMGI	☐ OI**	☐ ____________
	☐ OI**	☐ OI**		

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

Instructions

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., 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.*

Property Name: *Enter the name of the development*.

County: *Enter the county 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

Name: *List first name, middle initial and last name of all occupants of the unit.*

Relationship to Head of Household: *Enter 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; O – Other family member; C – Child; F – Foster child(ren); L – Live-in caretaker; or N – None of the above.*

Race: *Enter each household member's race by using one of the following coded definitions: 1 – White; 2 – Black/African American; 3 – American Indian/Alaska Native; 4 – Asian; or 5 – Native Hawaiian/Other Pacific Islander.*

Ethnicity: *Enter each household member's ethnicity by using one of the following coded definitions: 1 – Hispanic or Latino; 2 – not Hispanic or Latino.*

Date of Birth: *Enter each household member's date of birth in the following format: MM/DD/YYYY.*

Student Status: *Enter Yes if the household member is a full-time student or No if the household member is not a full-time student.*

Last Four Digits of Social Security Number: *For each tenant over 18 years of age, enter the last four digits of the social security number or the last four digits of the alien registration number.*

Disabled?: Check yes if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201.
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

The housing credit agency administering its low-income housing credit program must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the housing credit agency shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate."

Part III - Annual Income

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

From the third party verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve 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.*

Line (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 twelve 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.*

Column (I): *Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).*

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 2% and enter the amount in (J), Imputed Income.

Box (K): *Enter the greater of the total in Column (I) or (J).*

Box (L): *Total Annual Household Income From all Sources. Add (E) and (K) and enter the total.*

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 Maximum Move-in Income Limit for the household size.*

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 household income from the move-in certification. On the adjacent line, enter the number of household members from the move-in certification.*

Household Meets Income Restriction at: *Check the appropriate box for the income restriction that the household meets according to what is required by the set-aside(s) for the project.*

Current Income Limit x 140%: *For recertifications only. Multiply the Current Maximum Move-in Income Limit by 140% and enter the total. Below, indicate whether the household income exceeds that total. If the Gross Annual Income at recertification is greater than 140% of the current income limit, then the available unit rule must be followed.*

Part VI - Rent

Tenant Paid Rent: *Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).*
Rent Assistance: *Enter the amount of rent assistance, if any.*
Utility Allowance: *Enter the utility allowance. If the owner pays all utilities, enter zero.*
Other non-optional charges: *Enter the amount of <u>non-optional</u> 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.*
Maximum Rent Limit for this unit: *Enter the maximum allowable gross rent for the unit.*
Unit Meets Rent Restriction at: *Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project.*

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 <u>must</u> be listed in the box to the right.

**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, Tax-Exempt, Affordable Housing Disposition Program (AHDP) or other housing program, leave those sections blank.

Tax Credit: *Mark the appropriate box indicating the household's designation. If the property does not have any occupancy requirements in addition to those required by Section 42, mark the box that corresponds to the property's minimum set aside. Upon re-certification, if the household's income exceeds 140% of the income limitation imposed by Section 42, mark "OI".*

HOME: *If the property participates in the HOME program and the unit this household will occupy will count towards the HOME program set asides, mark the appropriate box indicting the household's designation.*

Tax Exempt: *If the property participates in the Tax Exempt Bond program, mark the appropriate box indicating the household's designation.*

AHDP: *If the property participates in the Affordable Housing Disposition Program (AHDP) program, and this household's unit will count towards the set aside requirements, select the appropriate box to indicate if the household is a VLI, LI or OI (at re-certification) household.*

Other: *If the property participates in any other affordable housing program, complete the information as appropriate.*

PUBLIC BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 4 hours for each response. This includes the time for collecting, reviewing, and reporting the data. The information will be used to measure the number of units of housing financed with the Low-Income Housing Tax Credit (LIHTC) that are produced each year. The information will also be used to analyze the characteristics of these housing units, and will be released to the public. This agency (HUD) may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.