

**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. 06/30/2012)

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.

Certification Summary from Page 2

| | | | |
|-------------------|----------------------|--------------------|--------------------|
| Name of Project | Unit Number | Effective Date | Certification Type |
| Head of Household | Total Tenant Payment | Assistance Payment | Tenant Rent |

Tenant Signatures

| | | | |
|-------------------|------|-------------|------|
| Head of Household | Date | Other Adult | Date |
| Spouse / Co-Head | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |
| Other Adult | Date | Other Adult | Date |

Owner/Agent Signature

| | |
|-------------|------|
| Owner/Agent | Date |
|-------------|------|

Check this box if Tenant is unable to sign for a legitimate reason

Anticipated Voucher Date

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Record for Landlords
(Exp. 05/31/2011)

Section B. Summary Information

| | | |
|---------------------------|---|------------------------|
| 1. Project Name | 13. Effective Date | 23. Unit Number |
| 2. Subsidy Type | 14. Anticipated Voucher Date | 24. No. of Bedrooms |
| 3. Secondary Subsidy Type | 15. Next Recertification Date | 25. Building ID |
| 4. Property ID | 16. Project Move-In Date 17. Unit Move-In Date 18. Certification Type 19. Action Processed 20. Correction Type 21. Cert. Correction Date 22. Prev. Subsidy Type | 26. Unit Transfer Code |
| 5. Project Number | | 27. Previous Unit No. |
| 6. Contract Number | | 28. Security Deposit |
| 7. Telecom Address | | 29. Basic Rent |
| 8. Plan of Action Code | | 30. Market Rent |
| 9. HUD-Owned Project? | | 31. Contract Rent |
| 10. FIPS County Code | | 32. Utility Allowance |
| 11. Previous Housing Code | | 33. Gross Rent |
| 12. Displacement Status | | |

Section C. Household Information

| 34. No. | 35. Last Name | 36. First Name | 37. MI | 38. Rel. | 39. Sex | 40. Race | 41. Eth. | 42. Birth Date | 43. Special Status | 44. Student Status | 45. ID Code (SSN) | 46. Elig. Code | 47. Alien Reg. Number | 48. Age at Cert. | 49. Work Codes |
|---------|---------------|----------------|--------|----------|---------|----------|----------|----------------|--------------------|--------------------|-------------------|----------------|-----------------------|------------------|----------------|
| 01 | | | | | | | | | | | | | | | |
| 02 | | | | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | | | | |
| 04 | | | | | | | | | | | | | | | |
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| 07 | | | | | | | | | | | | | | | |
| 08 | | | | | | | | | | | | | | | |

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|----------------------------------|---------------------------------|----------------------------------|------------------------------|----------------------------------|--------------------------|--------------------------------|---|--|--|
| 50. Family is Mobility Impaired? | 51. Family is Hearing Impaired? | 52. Family is Visually Impaired? | 53. Number of Family Members | 54. Number of Non-Family Members | 55. Number of Dependents | 56. Number of Eligible Members | 57. Expected Family Addition - Adoption | 58. Expected Family Addition - Pregnancy | 59. Expected Family Addition - Foster Children |
|----------------------------------|---------------------------------|----------------------------------|------------------------------|----------------------------------|--------------------------|--------------------------------|---|--|--|

| | | | | | |
|-----------------------------|------------------------------|----------------------------------|-----------------------------|----------------------|------------------------------|
| 60. Previous Head Last Name | 61. Previous Head First Name | 62. Previous Head Middle Initial | 63. Previous Effective Date | 64. Previous Head ID | 65. Previous Head Birth Date |
|-----------------------------|------------------------------|----------------------------------|-----------------------------|----------------------|------------------------------|

Section D. Income Information

Section E. Asset Information

| 66. Mbr. No. | 67. Income Type Code | 68. Amount | 69. SSN Benefits Claim No. | 75. Mbr. No. | 76. Description | 77. Status | 78. Cash Value | 79. Actual Yearly Income | 80. Date Divested |
|--------------|----------------------|------------|----------------------------|--------------|-----------------|------------|----------------|--------------------------|-------------------|
| | | | | | | | | | |

| | | | | | | | | | |
|-----------------------------|--------------------------|------------------------------------|------------------------|----------------------------|--------------------------|-------------------------------|-----------------------|--------------------------------|------------------|
| 70. Total Employment Income | 71. Total Pension Income | 72. Total Public Assistance Income | 73. Total Other Income | 74. Total Non-Asset Income | 81. Cash Value of Assets | 82. Actual Income from Assets | 83. HUD Passbook Rate | 84. Imputed Income from Assets | 85. Asset Income |
|-----------------------------|--------------------------|------------------------------------|------------------------|----------------------------|--------------------------|-------------------------------|-----------------------|--------------------------------|------------------|

Section F. Allowances & Rent Calculations

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|----------------------|---------------------------|--------------------------------|---------------------------|-------------------------------|-----------------------------------|---------------------------|-------------------------------|----------------------------|---------------------------------|------------------------------|-------------------------------|---------------------------------|-------------------|-------------------------|---------------------------|----------------------|------------------------|-------------------------------|-----------------------|-----------------------------|---------------------------|------------------|----------------------------|-------------------------|-------------------|-------------------------|-----------------------|
| 86. Total Annual Income | 87. Low Income Limit | 88. Very Low Income Limit | 89. Extremely Low Income Limit | 90. Current Income Status | 91. Eligibility Universe Code | 92. Sec. 8 Assist. 1984 Indicator | 93. Income Exception Code | 94. Police / Security Tenant? | 95. Survivor of Qualifier? | 96. Household Assistance Status | 97. Deduction for Dependents | 98. Child Care Expense (work) | 99. Child Care Expense (school) | 100. 3% of Income | 101. Disability Expense | 102. Disability Deduction | 103. Medical Expense | 104. Medical Deduction | 105. Elderly Family Deduction | 106. Total Deductions | 107. Adjusted Annual Income | 108. Total Tenant Payment | 109. Tenant Rent | 110. Utility Reimbursement | 111. Assistance Payment | 112. Welfare Rent | 113. Hardship Exemption | 114. Waiver Type Code |
|-------------------------|----------------------|---------------------------|--------------------------------|---------------------------|-------------------------------|-----------------------------------|---------------------------|-------------------------------|----------------------------|---------------------------------|------------------------------|-------------------------------|---------------------------------|-------------------|-------------------------|---------------------------|----------------------|------------------------|-------------------------------|-----------------------|-----------------------------|---------------------------|------------------|----------------------------|-------------------------|-------------------|-------------------------|-----------------------|

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| | | | |
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| Name of Project | Unit Number | Effective Date | Certification Type |
| Head of Household | Total Tenant Payment | Assistance Payment | Tenant Rent |

Continuation Page: Use only when household members, income or asset items exceed the space allowed on page 2

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| | | | | | | | | | | | | | | | |

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|--------------------|-------------------------|---------------|----------------------------------|--------------------|--------------------|---------------|-------------------|--------------------------------|-------------------------|
| | | | | | | | | | |