

| HUD LIHTC Tenant Data Collection Form | |
|--|---|
| Certification Type: _____ (1=Initial Certification ; 2=Recertification; 3=Other) If other, specify: _____ | Effective Date of Certification: _____ LIHTC Qualification Date: _____ (YYYY-MM-DD) |

| Part I: Development Data | | |
|--------------------------------------|--------------------|-------------------|
| Compliance Agency Name: _____ | | |
| Property Name: _____ | PIN: _____ | BIN: _____ |
| Building Address: _____ | Unit Number: _____ | # Bedrooms: _____ |

| Part II: Household Composition | | | | | | | | | | |
|--|-----------|------------|----------------|-----------------------------------|------|-----------|-----------|----------------------------|----------------------|----------------------|
| Was Unit Vacant on December 31, 2015? <input type="checkbox"/> Yes; <input type="checkbox"/> No (If Yes, no other tenant-specific information required.) | | | | | | | | | | |
| HH Mbr # | Last Name | First Name | Middle Initial | Relationship to Head of Household | Race | Ethnicity | Disabled? | Date of Birth (YYYY/MM/DD) | F/T student (Y or N) | Last 4 Digits of SSN |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |

| Part III: Gross Annual Income (Use ANNUAL Amounts) |
|---|
| <i>Part III Removed in its Entirety</i> |

| Part IV: Income from Assets |
|--|
| <i>Part VI Removed in its Entirety</i> |
| <i>'Effective Date at LIHTC Certification' and 'Household Size at Certification' Moved to Part V</i> |

Part V: Determination of Income Eligibility

Total Annual Income From All Sources: \$ _____

Effective Date of LIHTC Income Certification: _____

Household Size at LIHTC Certification: _____

Household Meets LIHTC Income Restriction at: 50% AMGI;
 60% AMGI;

If income restriction for this unit is set-aside below elected ceiling, enter percentage. * _____%

**Do not enter the actual calculated percentage for tenant.*

Current LIHTC Income Limit per Family Size: \$ _____

RECERTIFICATION ONLY:

Current Income Limit x 140%: \$ _____

Household Income Exceeds 140% at Recertification:
 Yes No

Household Income at LIHTC Qualification Date: \$ _____

Household Size at LIHTC Qualification Date: _____

Part VI: Monthly Rent

Tenant Paid Monthly Rent: \$ _____

Monthly Utility Allowance: \$ _____

Other Monthly Non-optional Charges: \$ _____

Gross Monthly Rent for Unit: \$ _____

(Tenant Paid Rent plus Utility Allowance and Other Non-Optional Charges)

Maximum LIHTC Rent for this Unit: \$ _____

Unit Meets LIHTC Rent Restriction at: 50% AMGI;
 60% AMGI;

If rent for this unit is set-aside below elected ceiling, enter percentage. * _____%

**Do not enter the actual calculated percentage for tenant.*

Total Monthly Rent Assistance: \$ _____

Federal Rent Assistance: \$ _____

Other Rent Assistance: \$ _____

Source of Federal Rent Assistance: _____

- | | |
|---|---|
| 1. HUD Multi-Family Project-Based Rental Assistance (PBRA) ¹ | 5. HUD Housing Choice Voucher (HCV), tenant-based |
| 2. HUD Section 8 Moderate Rehabilitation | 6. HUD Project-Based Voucher (PBV) |
| 3. Public Housing Operating Subsidy | 7. USDA Section 521 Rental Assistance Program |
| 4. HOME Rental Assistance | 8. Other Federal Rental Assistance |

¹ Includes: Section 8 New Construction/Substantial Rehabilitation; Section 8 Loan Management; Section 8 Property Disposition; Section 202 Project Rental Assistance Contracts (PRAC)

Part VII. Student Status

Are all Occupants Full-Time Students? Yes No *Student Explanation:

If Yes, enter Student Explanation*: _____

- | | |
|----------------------------------|-------------------------|
| 1. TANF Assistance | 4. Married/Joint Return |
| 2. Job Training Program | 5. Previous Foster Care |
| 3. Single Parent/Dependent Child | 6. Extended-Use Period |

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. Next to each program marked, indicate the household's income status as established by the certification/recertification.

a. Tax Credit b. HOME c. Tax Exempt d. AHDP e. _____
(Name of Program)

| | | | | |
|-------------------|--|--|---|---|
| See Part V above. | Income Status: <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI** | Income Status: <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI** | Income Status: <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI** | Income Status: <input type="checkbox"/> _____% |
|-------------------|--|--|---|---|

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

Privacy Act Information: This collection is authorized by 42 USC § 1437z-8. The collection of partial social security numbers is permitted by 42 U.S.C. § 3543 and 3544. The information collected on these forms is protected by the Privacy Act of 1974, Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and the Fair Housing Act (42 U.S.C. 3601-19). This collection is mandatory, but disclosure by the tenant of race, ethnicity and disability status is optional.

For information, assistance, or inquiry about the existence of records, contact the Privacy Act Officer at the Department of Housing and Urban Development, 451 7th Street S.W., Washington, D.C. Written requests must include the full name, Social Security Number, date of birth, current address, and telephone number of the individual making the request.

Instructions

General Instructions: The purpose of this form is to enable reporting of federal low income housing tax credit data. The definitions for all fields are to be understood in that context. All fields below must appear on the state TIC. A state may not collect data in a field that differs from the applicable definition below. States are free to include other fields on their TICs that are designed to collect other data. Displaying OMB information on the form, including the OMB form number, is appropriate only if the HUD OMB-approved TIC remains unchanged. However, if any changes are made to the form (changing words, adding signature blocks, etc) the OMB number, approval date, etc must not be included on the state form. OMB rules do not allow for any modifications of an OMB form if the OMB number is used.

Part I - Development Data

Certification Type: *Enter the type of tenant certification: Initial Certification (move-in), Recertification (annual recertification), or Other. If Other, specify the purpose of the recertification (i.e., a unit transfer, a change in household composition, or other state-required recertification).*

Effective Date: *Enter the effective date of the tax credit certification. If a self-certification was conducted after a verified income certification, enter the self-certification date. Part IV below requests the date of the verified income certification.*

LIHTC Qualification Date: *Enter the most recent tax credit qualification date for the household that is less than or equal to the certification effective date.*

Compliance Agency Name: *Enter the name of the agency which conducts income and rent compliance for this unit.*

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

PIN: *Enter the Project Identification Number. Please include hyphens between the state abbreviation, allocating year, and project-specific number. If there is not an established method of assigning PINs, HUD recommends using the following format: State Postal Abbreviation - Allocation Year - First two digits of BIN (if those digits are project specific); e.g. CT-10-01.*

BIN #: *Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609). According to IRS Notice 88-91, the BIN consists of a two character state designation (identical to a postal state abbreviation) followed by a two digit designation representing the year the credit is allocated, and a five digit numbering designation. For example, the identification number for one of 25 buildings allocated a credit in 1987 by the Connecticut Housing Finance Authority (the only housing credit allocating agency in the state) might read CT-87-00023.*

Building Address: *Enter the physical address of the building, including street number and name, city, state and zip code as provided on the IRS 8609 Form.*

Unit Number: *Enter the unit number.*

Bedrooms: *Enter the number of bedrooms in the unit.*

Part II - Household Composition

Was Unit Vacant on December 31, 2015?: *Check "Yes" if unit was vacant on December 31 of requesting year or check "No" if the unit was occupied on this date. "1"=yes; "2"=no*

Name: *List first name, middle initial and last name of all occupants of the unit. For unborn child of pregnant household member, enter "unborn".*

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 (including unborn child of pregnant household member); F – Foster child or Foster adult; L – Live-in caretaker; or N – None of the above.*

Race: *Enter each household member's race by using at least one of the following coded definitions: 1 – White; 2 – Black/African American; 3 – American Indian/Alaska Native; 4 – Asian (4a – Asian India; 4b – Chinese; 4c – Filipino; 4d – Japanese; 4e – Korean; 4f –*

Vietnamese; 4g – Other Asian); 5 – Native Hawaiian/Other Pacific Islander (5a – Native Hawaiian; 5b – Guamanian or Chamorro; 5c – Samoan; 5d – Other Pacific Islander); 6 – Other; or 8 – tenant did not respond.

Ethnicity: Enter each household member's ethnicity by using one of the following coded definitions: 1 – Hispanic or Latino; 2 – not Hispanic or Latino; or 3 – Tenant did not respond.

Disabled?: Check yes ("1"=yes; "2"=no; or "3"=Tenant did not respond) 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."

Date of Birth: Enter each household member's date of birth.

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. "1"=yes; "2"=no

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. If tenant does not have a SSN or alien registration number, enter "0000".

Part III - Annual Income

Part III Removed in its Entirety.

Part IV - Income from Assets

Part VI Removed in its Entirety

'Effective Date at LIHTC Certification' and 'Household Size at Certification' Moved to Part V

Part V – Determination of Income Eligibility

Total Annual Household Income From all Sources: Refer to HUD Handbook 4350.3 for calculation of annual income and income from assets.

Effective Date of LIHTC Income Certification: If the current Tenant Income Certification (TIC) did not update the tenant's income information and the TIC is reporting previous income, enter the effective date of the income qualification corresponding to the total annual household income. If income certification is not required annually, this may be different from the effective date listed in Part I.

Household Size at LIHTC Certification: If the current Tenant Income Certification (TIC) did not update the tenant's household size information and the TIC is reporting previous information, enter the number of tenants corresponding to the total annual household income entered in Box L. If income certification is not required annually, this may be different from the number of tenants listed in Part II.

Household Meets LIHTC Income Restriction at: Indicate the income restriction that the household meets according to what is required by the LIHTC federal set-aside(s) for the project.

If the income restriction for this unit is set-aside below elected ceiling, enter the percent required. If this unit has an income-restriction set below the elected federal maximum, enter the percent required.

Current LIHTC Income Limit per Family Size: Enter the Current Maximum Move-in Income Limit for the household size. The income limit must be the IRS Section 42 income limit associated with the **federal tax credit set-aside**.

For Recertifications Only:

Current Income Limit x 140%: For recertifications only, multiply the Current Maximum Move-in Income Limit by 140% and enter the total.

Household Income Exceeds 140% at Recertification: Indicate whether the household income exceeds 140% of the current income limit.

Household Income at LIHTC Qualification Date: For recertifications, only, enter the household income at the time of LIHTC qualification.

Household Size at LIHTC Qualification Date: *For recertifications only, enter the household income at the time of LIHTC qualification. On the adjacent line, enter the number of household members at the time of program qualification.*

Part VI - Monthly Rent

Tenant Paid Monthly Rent: *Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).*

Monthly Utility Allowance: *Enter the utility allowance. If the owner pays all utilities, enter zero.*

Other Monthly 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 Monthly Rent for Unit: *Enter the total of Tenant Paid Rent plus Utility Allowance and other non-optional charges. The total may NOT include amounts other than Tenant Paid Rent, Utility Allowance and other non-optional charges. In accordance with the definition of Gross Rent in IRC §42(g)(2)(B), it may not include any rent assistance amount.*

Total Monthly Rent Assistance: *Enter the amount of total rent assistance received, if any.*

Federal Rent Assistance: *Enter the amount of rent assistance received from a federal program, if any.*

Other Rent Assistance: *Enter the amount of non-federal rent assistance received, if any.*

Source of Federal Rent Assistance: *If federal rent assistance is received, indicate the program source*

Maximum LIHTC Rent Limit for this Unit: *Enter the maximum allowable gross rent for the unit. This amount must be the maximum amount allowed by the Current Income Limit per Family Size—specifically, the max rent limit for the federal 50% or 60% set aside.*

Unit Meets LIHTC Rent Restriction at: *Indicate the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for the project. If your agency requires a rent restriction lower than the federal limit, enter the percent required.*

If rent for this unit is set-aside below elected ceiling, enter the percent required. *If this unit has a rent level set below the elected federal maximum, enter the percent required.*

Part VII - Student Status

Are all Occupants Full-Time Students?: *If all household members are full-time students, check "yes". Full-time status is determined by the school the student attends. If at least one household member is not a full-time student, check "no". ("1" =yes; "2"=no)*

Student Explanation: *If all occupants are full-time students, indicate the appropriate exemption as listed in the box to the right. Note that not all exemptions listed are applicable to each state, e.g. Extended-Use Period.*

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 the 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 indicating 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 40 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.