

<p>1. Effective Date</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">MM DD YY</div>	PART I-PROJECT AND UNIT IDENTIFICATION				
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Modify Certification <input type="checkbox"/> Cotenant to Tenant <input type="checkbox"/> Assign/Remove RA <input type="checkbox"/> Vacate a Unit	<input type="checkbox"/> Certification Expired & Eviction in Process <input type="checkbox"/> Designate 60 Day Absenc <input type="checkbox"/> End 60 Day Absence <input type="checkbox"/> Tenant Transfer	2. Project Name	3. Borrower ID and Project Number	4. Unit Type	5. Unit Number

WARNING STATEMENT: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

PART II-TENANT HOUSEHOLD INFORMATION

6. Tenant Subsidy Code (enter code)

0 - No Deep Tenant Subsidy
 1 - Rental Assistance (RA)
 2 - Project Based Section 8
 4 - Other Public RA
 5 - Private RA
 6 - HUD Voucher
 7 - Other Types at Basic Rent

Other Subsidy Indicator (leave blank if none, P-Partial or F-Full)

STATEMENT REQUIRED BY THE PRIVACY ACT: Title V of the Housing Act of 1949 authorizes RHS to collect the information on this form. Your disclosure of the information is voluntary. However, failure to disclose certain information may delay the processing of your eligibility or rejection. RHS will not deny eligibility if you refuse to disclose your Social Security Number.

This information is collected principally to determine eligibility for occupancy and to determine your tenant contribution for rent. However, the information collected may be released to appropriate Federal, State and Local Agencies, credit bureaus and Servicing agents when relevant to civil, criminal or regulatory proceedings or to enforce regulations by manual or automated verification procedures.

Round all monetary figures up to the nearest dollar at .50 and above.

7. Social Security No.	8. Household Member Name <i>(Last, First and Middle Initial)</i>	9. Sex	10. Date of Birth MM DD YY	11. Race	12. Ethnicity	12a. Race Determination Code	13. Minor, Disabled, Handicapped or Full-Time Student 18 or Older <input type="checkbox"/> Total (Line 13)	14. Elderly, Disabled or Handicapped <input type="checkbox"/> Elderly Status

- Choices for Race are:
 1 - American Indian or Alaskan Native
 2 - Asian
 3 - Black or African American
 4 - Native Hawaiian or Pacific Islander
 5 - White
- Choices for Ethnicity are:
 a - Hispanic/Latino
 b - Non-Hispanic Latino

8a. Number of Foster Children (if any)

*Choices for Race Det. Code:
C - Customer Provided
E - Employee Observed*

PART III- ASSET INCOME

15. Net Family Assets (NOTE: If Line 15 is less than \$5,000, enter zero on Line 16.) \$

16. Imputed Income from Assets (Bank Passbook Savings Rate (*) x Line 15.) \$

17. Income from Assets \$

PART IV- INCOME CALCULATIONS

18. Income <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Wages, Salaries, etc.</td><td style="text-align: right;">\$</td><td style="border: 1px solid black; width: 100px;"> </td></tr> <tr><td>b. Soc. Sec., Pensions, etc.</td><td style="text-align: right;">\$</td><td style="border: 1px solid black;"> </td></tr> <tr><td>c. Assistance</td><td style="text-align: right;">\$</td><td style="border: 1px solid black;"> </td></tr> <tr><td>d. Income Contributed by Assets <i>(Greater of Line 16 or Line 17)</i></td><td style="text-align: right;">\$</td><td style="border: 1px solid black;"> </td></tr> <tr><td>e. Other</td><td style="text-align: right;">\$</td><td style="border: 1px solid black;"> </td></tr> <tr><td>f. Annual Income</td><td style="text-align: right;">\$</td><td style="border: 1px solid black;"> </td></tr> <tr><td>g. Household Has Exempt Income</td><td><input type="checkbox"/></td><td> </td></tr> </table>	a. Wages, Salaries, etc.	\$		b. Soc. Sec., Pensions, etc.	\$		c. Assistance	\$		d. Income Contributed by Assets <i>(Greater of Line 16 or Line 17)</i>	\$		e. Other	\$		f. Annual Income	\$		g. Household Has Exempt Income	<input type="checkbox"/>		19. Adjustments to Income <table style="width:100%; border-collapse: collapse;"> <tr><td>a. \$480 x total of Line 13</td><td style="text-align: right;">\$</td><td style="border: 1px solid black;"> </td></tr> <tr><td>b. \$400 if elderly status</td><td style="text-align: right;">\$</td><td style="border: 1px solid black;"> </td></tr> <tr><td>c. Medical exceeding 3% of Line 18f. <i>(if elderly, handicapped or disabled)</i></td><td style="text-align: right;">\$</td><td style="border: 1px solid black;"> </td></tr> <tr><td>d. Child Care</td><td style="text-align: right;">\$</td><td style="border: 1px solid black;"> </td></tr> <tr><td>e. Total Adjustments</td><td style="text-align: right;">\$</td><td style="border: 1px solid black;"> </td></tr> <tr><td>20. Adjusted Annual Income <i>(Line 18.f. minus Line, 19.e.)</i></td><td style="text-align: right;">\$</td><td style="border: 1px solid black;"> </td></tr> </table>	a. \$480 x total of Line 13	\$		b. \$400 if elderly status	\$		c. Medical exceeding 3% of Line 18f. <i>(if elderly, handicapped or disabled)</i>	\$		d. Child Care	\$		e. Total Adjustments	\$		20. Adjusted Annual Income <i>(Line 18.f. minus Line, 19.e.)</i>	\$	
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PART V-INCOME LEVELS

21. Number of Household Members

22. Current Eligibility Income Level (Enter Code)

23. Date of Initial Project Entry MM DD YY

24. Eligibility Income Level at Initial Project Entry (Enter Code)

PART VI- CERTIFICATION BY TENANT

I certify and acknowledge that if the Agency provides unauthorized assistance to the borrower/multi-family housing project owner for my benefit based on erroneous or fraudulent information provided in this tenant certification. I will reimburse the Agency for the unauthorized amount. If I do not, the Agency may use all remedies available to collect it, including those under the Debt Collection Act to recover on the Federal debt directly from me. In accordance with the requirements of the Privacy Act of 1974, which protects my confidential records from unauthorized release. I authorize the Agency to release information collected in this tenant certification to appropriate Agencies for income recertification purpose.

a. Date: MM DD YY	b. Tenant Signature
c. Date: MM DD YY	d. Co-Tenant Signature

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0189. The time required to complete this information collection is estimated to average 30 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.

PART VII - PRELIMINARY CALCULATIONS

25. Adjusted Monthly Income (<i>Line 20 ÷ 12</i>)	a. \$		x .30		= b. \$	
26. Monthly Income (<i>Line 18.f. ÷ 12</i>)	a. \$		x .10		= b. \$	
				27. Designated Monthly Welfare Shelter Payment	\$	
				28. Highest of Line 25.b., Line 26.b., or Line 27,		
29. Gross Basic Rent				30. Gross Note Rate Rent		
a. Basic Rent	\$			a. Note Rate Rent	\$	
b. Utility Allowance	\$			b. Utility Allowance	\$	
c. (<i>Line 29.a. + Line 29.b.</i>)	\$			c. (<i>Line 30.a. + Line 30.b.</i>)	\$	

PART VII DETERMINING GROSS TENANT CONTRIBUTION (GTC)

Decision: (check- one)

- A. If tenant receives rental assistance (RA) enter Line 28 on Line 31 below. If Line 28 exceeds Line 29. c. , go to Decision B since this Tenant will not receive RA..
- B. If tenant does *not receive RA* and this project receives Plan II Interest Credit, enter the greater of Line 28 or Line 29. c. , (but not to exceed Line 30.c.) on Line 31 below.
- C. If tenant does *not receive RA* and this project is a Plan 1 , Full Profit or Labor Housing project complete Lines C.1. thru C.3. and enter Line C.3. on Line 31.

1. Enter Line 30.c.	\$	
2. Add Plan I Surcharge (if any)	\$	
3. Total (enter on Line 31)	\$	

PART IX-DETERMINING NET TENANT CONTRIBUTION (NTC)

31. GTC (From PART VIII)		\$	
32. Utility Allowance (Line 29.b. or Line 30.b.)		\$	
33. Final NTC (Line 31 minus Line 32)		\$	

(Amount Tenant pays Borrower for rent. If Line 33 is negative, Borrower pays the difference to Tenant for utilities.)

PART X - CERTIFICATION BY BORROWER

I certify that the information on this form has been verified as required by federal law and the tenant household

is eligible to live in the unit, or has been granted ineligible occupancy by RHS.

a. Date Signed

MM DD YY

b. Signature of Borrower or Borrower's Representative