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| **Section A. Acknowledgements** |
| Read this before you complete and sign this form HUD-50059.**Public Reporting Burden.** The public reporting burden for this collection of information 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. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, 451 7th St SW, Room 8210, Washington, DC 20410–5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. HUD collects this information 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, including through a computer matching agreement with the Social Security Administration, the Department of Health and Human Services, and other agencies. Pursuant to 42 U.S.C. 3543(a), you must provide all of the information requested, including the Social Security Numbers (SSNs) for you and all other household members, unless exempted by 24 C.F.R. § 5.216. Providing the SSNs of all household members, unless exempted by 24 C.F.R. § 5.216, is mandatory; failure to provide any information may result in a delay or rejection of your eligibility.**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). HUD will disclose this information to other Federal and state entities for computer matching purposes and for other purposes as described in the Systems of Records Notice for the Tenant Rental Assistance Certification System (TRACS) – HUD/HOU-11, available at hud.gov/privacy.**Tenant(s)' Certification.** I/We certify that the information in Sections C, D, and E of this form are true, complete, and accurate. 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 for a civil penalty 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 | Effective Date | Certification Type | Anticipated Voucher Date |
| Head of Household | Total Tenant Payment | Assistance Payment | Tenant Rent |
| Unit Number | Extenuating Circumstances Code |
| **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 |

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| **Section B. Summary Information** |
| 1. Project Name2. Subsidy Type3. Secondary Subsidy Type4. Property ID5. Project Number6. Contract Number7. Project iMAX ID8. Plan of Action Code9. HUD-Owned Project?10. Previous Housing Code11. Displacement Status Code | 12. Effective Date13. Anticipated Voucher Date14. Next Recertification Date15. Project Move-In Date16. Certification Type17. Action Processed18. Correction Type19. EIV Indicator20. Prev. Subsidy Type21. RAD Conversion Tenant22. RAD Phase-in Schedule23. RAD Phase-in Year24. RAD Prior TTP25. TTP at RAD Conversion | 26. Unit Number27. Unit Group 28. No. of Bedrooms29. Building ID30. Unit Transfer Code31. Previous Unit No.32. Security Deposit33. 236 Basic/BMIR Rent34. Market Rent35. Contract Rent36. Utility Allowance37. Gross Rent38. Fixed Income Family? |
| **Section C. Household Information** |
| 39. Mbr. No. | 40.Last Name | 41.First Name | 42.MI | 43.Rel. | 44.Sex | 45.Race/Eth. | 46.Birth Date | 47.Special Status | 48.Stdnt. Stat. | 49.ID Code (SSN) | 50.SSNExcp | 51.CtznCode | 52.Alien Reg. Number | 53.Age | 54.Work Codes |
| 01 02 03 04 05 06 07 08 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 55. Family has Mobility Disability?56. Family has Hearing Disability?57. Family has Visual Disability? | 58. Number of Family Members59. Number of Non-Family Members60. Number of Dependents61. Number of Eligible Members | 62. Expected Family Addition - Adoption63. Expected Family Addition - Pregnancy64. Expected Family Addition - Foster Child/Adult |
| 65. Previous Head Last Name 68. Active Full Cert. Effective Date66. Previous Head First Name 69. Previous Head ID67. Previous Head Middle Initial 70. Previous Head Birth Date |
| **Section D. Income Information** | **Section E. Asset Information** |
| 71. Mbr.No. | 72.Income Type Code | 73.Verification Type | 74.Amount | 75.SSN Benefits Claim No. | 81.Mbr.No. | 82.Descrip-tion | 83.Verification Type | 84.Included in Net Family Assets? | 85.Status | 86.Cash Value | 87.Asset Income | 88.Actual/Imputed Income | 89.Date Divest-ed |
|   |   |  |   |   |   |   |  |  |   |   |   |  |   |
| 76. Total Employment Income77. Total Pension Income78. Total Public Assistance Income79. Total Other Income80. Total Non-Asset Income | 90. Own Real Property?91. Real Property Exemption?92. Total Non-Enforcement of Asset Limit?93. Limited Enforcement of Asset Limit?94. Asset Limit Exception?95. Meets Asset Limit Exception?96. Total Cash Value of Net Family Assets97. Actual Income from Net Family Assets98. HUD Passbook Rate99. Imputed Income from Net Family Assets100. Total Asset Income |

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| **Section F. Allowances & Rent Calculations** |
| 101. Total Annual Income102. Low Income Limit103. Very Low Income Limit104. Extremely Low Income Limit105. Current Income Status106. Eligibility Universe Code107. Sec. 8 Assist 1984 Indicator108. Income Exception Code109. Police / Security Tenant?110. Survivor of Qualifier?111. Household Citizenship Eligibility | 112. Deduction for Dependents113. Child Care Expense (work)114. Child Care Expense (school)115. Child Care Expense Hardship116.% of Income (Medical/Disability Expense Deduction)117. % of Income Amount (Medical/Disability Expense Deduction)118. Disability Expense119. Disability Deduction120. Health and Medical Care Expense121. Health and Medical Care Expense Deduction122. 5% of Income (Medical/Disability General Hardship)123. General Hardship Deduction – Disability Expense124. General Hardship Deduction – Health & Medical Care Expense125. Elderly/Disabled Family Deduction126. Total Deductions127. Adjusted Annual Income | 128. Total Tenant Payment129. TTP Before Override130. Tenant Rent131. Utility Reimbursement132. Assistance Payment133. Welfare Rent134. Rent Override135. Rent Hardship Exemption136. Waiver Type Code137. Eligibility Check Not Required?138. Extenuating Circumstances Code |

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| Name of ProjectHead of Household | 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** |
| **Section C. Household Information** |
| 39. Member Number | 40. Last Name | 41. First Name | 42. MI  | 43. Rel. | 44. Sex | 45. Race/Ethnicity  | 46. RE Detail. .  | 47. Birth Date | 48. Special Status | 49. StudentStatus | 59.ID Code(SSN) | 51. SSN Exception | 52. Ctzn. Code | 53. Alien Reg. Number | 54.Age  | 55. Work Codes |
|   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |
| **Section D. Income Information** | **Section E. Asset Information** |
| 71.Member Number | 72.Income Type Code | 73.Verification Type | 74.Amount | 75.SSN Benefits Claim No. | 81.Member Number | 82.Description | 83.Verification Type | 84.Included in Net Family Assets? | 85.Status | 86.Cash Value | 87.Asset Income | 88.Actual/Imputed Income | 89.Date Divested |
|   |   |  |   |   |   |   |  |  |   |   |   |  |   |