

TENANT INCOME CERTIFICATION FOR THE KANSAS HOUSING TAX CREDIT PROGRAM

Each applicant applying for Section 42 housing in Kansas must complete the Kansas tenant income certification. Please answer each question presented below and do not leave any questions blank. You may request the assistance of the leasing agent or property manager to help you. It may also be the requirement of the management company to assist you.

Property Name: _____ Unit Number: _____ Bedroom Type: _____

Building Identification Number: _____ Mitas Property Number: _____

For Tax Credit

Tenant Paid Rent: \$ _____	Subsidy: \$ _____	Utility Allowance: \$ _____	Total Tenant Paid Rent: (TPR+U/A=TPR) \$ _____	HUDMax Allowable Rent: \$ _____
Initial Certification: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, effective date of this Cert: <i>(Initial must be within 5 days of Move-in /Acquisition Date)</i>		
Recertification: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, effective date of this Recert:		

For HOME ONLY

Is this a HOME unit: Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, total rent: \$ _____ <i>(Rent+U/A+Subsidy = Total Rent)</i>
Completion Date:	Date of last Full Cert <i>(req. every 6th year of the affordability period)</i> :

A. Household Information

	Head	Co-Head	Member	Member	Member	Member	Member
Last Name							
First Name							
Relationship							
Illegal Alien <i>(Write Yes or No)</i>							
Male/Female							
Current Age							
SSN							
Birth date							
Full-time or Part Time Student <i>(Write Yes or No)</i>							
*Marital Status <i>(Single, Married, Divorced, Separated or Widowed)</i>							
Disabled <i>(Write Yes/ No)</i>							
**Race/Ethnicity							

*Note: If you are divorced or separated and do not receive any contributions from the absent spouse you can elect single in the marital status block.

**NAHMA Standard Race Table: A = Asian, AI = American Indian/Alaskan Native, B = African American, NA = Not Available, NH = Native Hawaiian/Pacific Islander, O = Other, W = White/ Y = Hispanic, N = Not Hispanic

B. Pregnant Household Member

Total Number of Household Members Expected to occupy the unit during the next 12 Months.
(You may include an unborn child(ren) if you are currently pregnant): _____

C. Students

Are all members in the household full-time students? Yes No

If the answer is "yes," under which student exception named below is the household qualifying?
(a , b , c , d , e)

- a. All members of the household are single parent(s) and their minor child(ren), and both the parents and children are not dependents of a 3rd party.
- b. All members of the household are married and eligible to file a joint tax return.
- c. At least one member of the household receives assistance under Title IV of the Social Security Act, (or TAFF).
- d. At least one member of the household is enrolled in a job training program receiving assistance under the Job Training Partnership Act, or similar federal, state or local laws.
- e. At least one member of the household was previously in foster care.

D. Household Income Information

Complete questions 1-15 below, and then list all pertinent sources of income on the chart. (Do not include income from assets. Assets are handled under Section "E").

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are any of the occupants receiving Federal rental assistance through a Section 8 Certificate/Voucher, Rural Housing or Tenant Based Rental Assistance program? | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, what is the subsidy amount? \$ _____ | | |
| 2. Is any member of your household employed full-time, part-time, or seasonally? | <input type="checkbox"/> | <input type="checkbox"/> |
| Number in the household employed. _____ | | |
| 3. Does any member of your household not currently employed expect to work for any period during the next twelve (12) months? (Persons 18 yrs. and older) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does any member of your household work for someone who pays them in cash or who earns tips? (Persons 18 yrs. and older) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does anyone in your household now receive or expect to receive unemployment benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does any member of your household now receive or expect to receive child support? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is any member of your household entitled to receive child support that he/she is not now getting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does any member of your household now receive or expect to receive alimony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is any member of your household entitled to alimony that he/she is not now getting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does any member of your household receive or expect to receive welfare assistance? | <input type="checkbox"/> | <input type="checkbox"/> |

12. Does any member of your household receive or expect to receive social security or SSI benefits?
13. Does any member of your household receive or expect to receive income from a pension or annuity?
14. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?
15. Is any member of your household receiving Section 8 assistance and also receiving tuition assistance in the form of grants or scholarships?

<i>Tenant</i>	<i>Source of Income</i>	<i>Amount (\$)</i>

*The **Total Gross Annual Income** from above is: \$ _____

E. Household Asset Information

Please check yes or no to the following questions regarding assets. Checking “yes” indicates you have the asset and checking “no” indicates you do not have the asset. After answering the questions, complete the chart below.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does anyone in the household have a checking account? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does anyone in the household have a savings account? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does anyone in the household have Certificates of Deposit (CDs)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does anyone in the household have stocks or bonds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does anyone in the household have IRA’s or Other Retirement Funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does anyone in the household have Mutual Funds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does anyone in the household have Trust Accounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does anyone in the household have Life Insurance? (<i>Whole or Universal</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does anyone in the household have personal property held as an investment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does anyone in the household have real estate?
Is the real estate for sale or for rent? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have any assets you disposed of <i>For Less Than Fair Market Value</i> within the last 2 years? Please list them here: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

12. Do you have any other current assets?
 Please list them here: _____
13. Are any of these assets listed above being deposited onto a pre-paid debit card?
 (*Direct Express, ReliaCard, NetSpend, Citi Bank, Etc*)
 If yes, please list card type(s) here and provide verification documentation: _____

<i>Asset Description or Type of Asset</i>	<i>Percent of Ownership</i>	<i>Value of Asset (\$)</i>	<i>Annual Interest or Dividend Percentage</i>	<i>Actual Income generated by the Asset (\$--in dollar value)</i>	<i>Disposed of for Less than Fair Market Value?</i>
<i>Total Actual Income</i>					

F. Total Income

Total Imputed Income: If the Total Value of all Assets exceeds \$5,000 multiply the Total Value of Assets by 2% and list the amount here:

Note: If the total amount does not exceed \$5,000 just put zero (0) \$ _____

Compare the "Actual" amount in the chart to the "Imputed" amount above, and add the greater of imputed or actual asset income to the **Total Gross Annual Income** from Part E (*), page 3. Write the answer in the space below:

Total Anticipated Gross Annual Household Income (including assets): \$ _____

Maximum Allowed for this household size per the Income/Rent Chart:
 (*Current Year Maximum by County*) \$ _____

Maximum Allowed for this household size per the Income/Rent Chart:
 (*140% of annual for all recertification*) \$ _____

For HOME Units ONLY: 80% of AMGI for Current Year:
 (*Action required if over 80%*) \$ _____

G. Assets of \$5,000 or Less Certification

I hereby certify that my household's total combined assets do not exceed \$5,000 and the actual income we expect to earn from our assets for the certification year is: _____ \$ _____

H. Recertification

In signing this income certification, I/We understand that in accordance with Section 42 regulations regarding recertification, I/We will be required to complete another certification within the next 12 months and within each 12 month period thereafter, and that failure to do so will jeopardize my/our ability to continue living at this housing development.

I. Signatures

I/We certify under penalty of perjury that all information I/We provided for the purpose of completing this form is true and complete to the best of My/Our knowledge and belief. I/We understand that willful misrepresentation of any information provided herein constitutes fraud and may be dealt with in a Court of Law.

Tenant Signature Date

Co-Tenant Signature Date

Co-Tenant Signature Date

Co-Tenant Signature Date

Manager's Signature Date

J. Special Household Information (Filled in by Management Agent)

For Management Office Use Only: If this household satisfied a requirement of the Restrictive Use Covenant (RUC), please indicate so below:

- | | | |
|---|--|---|
| <input type="checkbox"/> 30% AMGI Household | <input type="checkbox"/> 40% AMGI Household | <input type="checkbox"/> 50% AMGI Household |
| <input type="checkbox"/> 60% AMGI Household | <input type="checkbox"/> 140% AMGI Household | <input type="checkbox"/> Homeless Unit |
| <input type="checkbox"/> Disabled Tenant | <input type="checkbox"/> Elderly Tenant | <input type="checkbox"/> Handicap Equipped Unit |
| <input type="checkbox"/> High HOME Unit | <input type="checkbox"/> Low HOME Unit | |
| <input type="checkbox"/> Floating HOME Unit | <input type="checkbox"/> Fixed HOME Unit | |

K. Additional Asset Information (use this page only if needed; copy as necessary)

<i>Asset Description or Type of Asset</i>	<i>Percent of Ownership</i>	<i>Value of Asset (\$)</i>	<i>Annual Interest or Dividend Percentage</i>	<i>Actual Income generated by the Asset (\$--in dollar value)</i>	<i>Disposed of for Less than Fair Market Value?</i>
<i>Total Actual Income</i>					

Tenant Initials: _____