Kansas Housing Resources Corporation  
Compliance and Preservation Division

TAX CREDIT AND HOME  
ANNUAL HOUSEHOLD CERTIFICATION UPDATE

Directions: For Tax Credit, this form is used to report continued compliance activities with regard to the Restrictive Use Covenants for all properties years 1-30. This form shall be used in lieu of full recertifications no longer required for 100% buildings or projects. This form shall be initiated no earlier than 120 days preceding the anniversary date of move-in and no later than the anniversary date of move-in for each tax credit qualified household. For HOME, this form may be used for annual tenant self-certifications when the 6th year full income recertification is not required. Privilege to self-certify could be revoked.

Property Name: Unit Number or Address:  
Date this Form is Completed: Effective Date of this Form:  
Current Rent Charged for this Unit: $ Current Utility Allowance for this Unit: $  
Subsidy: ☒ yes ☐ no Type:  

<table>
<thead>
<tr>
<th>Identify each member by name residing in the household</th>
<th>Age</th>
<th>Student Status *See Notes Below</th>
</tr>
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<tbody>
<tr>
<td>(for unborn children, identify as “unborn child”)</td>
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<td>(Yes/No) (Full/Part)</td>
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*Tax Credit Note: Households comprised of all students (full-time only) must meet one of the tax credit exceptions to qualify at recertification.

*HOME Note: Households comprised of all students (full or part-time) must meet the 4350.3 student criteria to qualify at recertification.

Household’s Self-Certified Income for the next 12 Months: $  
Income Source(s) -- check all that are applicable:  
☐ Any Wage ☐ Pension ☐ Social Security ☐ SSI ☐ Welfare  
Has this Household transferred during the past year from another unit within the building or complex: ☐ Yes ☒ No  
Does the income constitute an increase/decrease from the prior year: ☒ increase ☐ decrease ☐ same  
If the Household transferred from another unit, identify the unit they transferred from: N/A

For Office Use Only: Household is at:  
☐ 30% or below AMGI ☐ 40% or below AMGI ☐ 50% or below AMGI ☐ 60% or below AMGI  
☐ Above 80% AMGI (HOME Only) ☐ Next Available Unit Rule invoked due to exceeding 140% AMGI  
☐ Low HOME Unit ☐ High HOME Unit ☐ Floating HOME Unit ☐ Fixed HOME Unit ☐ Homeless Unit

Tenant’s Signature: ___________________________ Tenant’s Signature: ___________________________  
Manager’s Signature: ___________________________ Date: ______

KHRC HTC SAMPLE FORM #18 (Rev. Jan 14)