

**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: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Type:	\$

Identify each member by name residing in the household (for unborn children, identify as "unborn child")	Age	Student Status *See Notes Below	
		(Yes/No)	(Full/Part)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

***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: <input type="checkbox"/> Any Wage <input type="checkbox"/> Pension <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Welfare	Has this Household transferred during the past year from another unit within the building or complex: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the income constitute an increase/decrease from the prior year: <input type="checkbox"/> increase <input type="checkbox"/> decrease <input type="checkbox"/> same	If the Household transferred from another unit, identify the unit they transferred from: N/A

For Office Use Only: Household is at:	
<input type="checkbox"/> 30% or below AMGI <input type="checkbox"/> 40% or below AMGI <input type="checkbox"/> 50% or below AMGI <input type="checkbox"/> 60% or below AMGI	
<input type="checkbox"/> Above 80% AMGI (HOME Only) <input type="checkbox"/> Next Available Unit Rule invoked due to exceeding 140% AMGI	
<input type="checkbox"/> Low HOME Unit <input type="checkbox"/> High HOME Unit <input type="checkbox"/> Floating HOME Unit <input type="checkbox"/> Fixed HOME Unit <input type="checkbox"/> Homeless Unit	

Tenant's Signature _____ Tenant's Signature: _____

Manager's Signature: _____ Date: _____