

1. Effective Date

Initial Certification
 Recertification
 Modify Certification
 Cotenant to Tenant
 Assign/Remove RA
 Vacate a Unit

Certification Expired & Eviction in Process
 Designate 60 Day Absence
 End 60 Day Absence
 Tenant Transfer

PART I-PROJECT AND UNIT IDENTIFICATION

2. Project Name	3. Borrower ID and Project Number	4. Unit Type	5. Unit Number
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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 (Last, First and Middle Initial)	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 (Complete this only when household member is not the Tenant or a Co-Tenant)	14. Elderly, Disabled or Handicapped (Complete this only when household member is a Tenant or Co-Tenant) (Check below when coded above)
							<input type="checkbox"/> Total (Line 13)	<input type="checkbox"/> Elderly Status

Other Subsidy Amount (For Partial) \$ _____

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.)	\$	<input type="text"/>
16. Imputed Income from Assets (Bank Passbook Savings Rate (*) x Line 15.)	\$	<input type="text" value="0.0"/>
17. Income from Assets	\$	<input type="text"/>

PART IV- INCOME CALCULATIONS

18. Income			19. Adjustments to Income		
a. Wages, Salaries, etc.	\$	<input type="text" value="3400"/>	a. \$480 x total of Line 13	\$	<input type="text"/>
b. Soc. Sec., Pensions, etc.	\$	<input type="text"/>	b. \$400 if elderly status	\$	<input type="text"/>
c. Assistance	\$	<input type="text"/>	c. Medical exceeding 3% of Line 18f. (if elderly, handicapped or disabled)	\$	<input type="text"/>
d. Income Contributed by Assets (Greater of Line 16 or Line 17)	\$	<input type="text"/>	d. Child Care	\$	<input type="text"/>
e. Other	\$	<input type="text"/>	e. Total Adjustments	\$	<input type="text" value="0.0"/>
f. Annual Income	\$	<input type="text" value="3400.0"/>	20. Adjusted Annual Income (Line 18.f. minus Line, 19.e.)	\$	<input type="text" value="3400.0"/>
g. Household Has Exempt Income <input type="checkbox"/>					

PART V-INCOME LEVELS

21. Number of Household Members	<input type="text"/>	23. Date of Initial Project Entry	<input type="text" value="MM DD YY"/>
22. Current Eligibility Income Level (Enter Code)	<input type="text"/>	24. Eligibility Income Level at Initial Project Entry (Enter Code)	<input type="text"/>

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 purposes.

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

PART VII - PRELIMINARY CALCULATIONS

25. Adjusted Monthly Income (Line 20 ÷ 12)	a. \$		x .30		= b. \$	0.0
26. Monthly Income (Line 18.f. ÷ 12)	a. \$	283.333333333	x .10		= b. \$	28.333333333
				27. Designated Monthly Welfare Shelter Payment	\$	
				28. Highest of Line 25.b., Line 26.b., or Line 27,		28.333333333
29. Gross Basic Rent				30. Gross Note Rate Rent		
a. Basic Rent	\$			a. Note Rate Rent	\$	
b. Utility Allowance	\$			b. Utility Allowance	\$	
c. (Line 29.a. + Line 29.b.)	\$	0.0		c. (Line 30.a. + Line 30.b)	\$	0.0

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
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A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 0575-0189. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, completing, and reviewing the collection of information. All responses to this collection of information are voluntary. However, in order to obtain or retain a benefit, the information in this form is required under Section 515 Rural Rental Housing, which includes Congregate Housing, Group Homes, and Rural Cooperative Housing. Rural Development has no plans to publish information collected under the provisions of this program. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Rural Development Innovation Center, Regulations Management Division at ICRMRequests@usda.gov