## Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

#### U. S. Department of Housing And Urban Development

Office of Housing Federal Housing Commissioner

NOT for Submission to the Federal Government Landlord's Official Record of Certification

> OMB Approval Number 2502-0204 (Exp. 12/31/2007)

#### Section A. Acknowledgements

Read this before you complete and sign this form HUD-50059

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 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. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD 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. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested, including the Social Security Numbers (SSNs) you, and all other household family members age six (6) years and older, have and use. Giving the SSNs of all family members age six (6) years and older is mandatory; not providing the SSNs will affect your eligibility. Failure to provide any information may result in a delay or rejection of your eligibility approval.

**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).

**Tenant(s)' Certification** - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. 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 a civil penalty of not less than \$5,000 and not more than \$10,000, 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	n Summa	ry from Page 2			
Name of Project	30111134113	Unit Number	Effective Date	Certification Type		
Head of Household		Total Tenant Payment	Assistance Payment	Tenant Rent		
	Te	nant Sign	 atures			
Head of Household	Date		her Adult	Date		
Spouse / Co-Head	Date	Otl	ner Adult	Date		
Other Adult	Date	Otl	ner Adult	Date		
Other Adult	Date	Otl	ner Adult	Date		
Other Adult	Date	Otl	ner Adult	Date		
Other Adult	Date	Otl	ner Adult	Date		
Other Adult	Date	Otl	her Adult	Date		
	Owne	er/Agent S	Signature			
Owner/Agent					Date	
Check this box if Tenant is unable	to sign for a legitimate reasor	1			Anticipated Voucher Date	

## Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures Record for Landlords

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(Exp. 12/31/2007)

			Section	B. Su	mmary In	formatio	on						
2. Su 3. Se 4. Pro 5. Pro 6. Co 7. TR 8. Pla 9. HL 10. Re 11. Fie	beject Name  besidy Type condary Subsidy Type conda	ve Date vated Vo Recertific Move-In Ecation Ty Process Subsidy us Hous cement	ucher Date nation Date n Date Date //pe sed se n Date	r Code it No. posit int ance  Date Code ponversion Indicato									
						16	47.	48.	49. 50.	51. 52.			
38. No.	39. Last Name	40. First Name	41. 42 MI Re		44. 45 Race Eth	· Dirth	Special	Special ID Code	Elig. Alien Reg. Code Number	Age at Work Cert. Codes			
54. F	amily is Mobility Impaired? amily is Hearing Impaired? amily is Visually Impaired?	57 58	56. Number of Family Members 57. Number of Non-Family Members 58. Number of Dependents 59. Number of Eligible Members 60. Expected Family Addition - Adoption 61. Expected Family Addition - Pregna 62. Expected Family Addition - Foster of Control of the Property of Control of the Property of Control of the Property of Control of C										
64. P	revious Head Last Name revious Head First Name revious Head Middle Initial	1					67. Previo	ous Effective Dous Head ID ous Head Birth					
	Section D. Inc	ome Informati	on			Se	ction E.	Asset Info	rmation				
69. Mbr. No.	70. Income Type Code	71. Amount	72. SSN Benef Claim No		or. De	79. escription	80. Statu	81. s Cash Valu	82. Actual Yearly Income	83. Date Divested			
	73. Total Employment 74. Total Pension Inco 75. Total Public Assis	ome			85. /	Actual Inco	e of Assets ome from As book Rate	sets					
	76. Total Other Incom 77. Total Non-Asset In	ncome	ction F Al	lowan	88.7	Asset Inco		Assets					
89. Total Annual Income 90. Lower Income Limit 91. Very Low Income Limit 92. Extremely Low Income Limit 93. Current Income Status 94. Eligibility Universe Code 95. Sec. 8 Assist. 1984 Indicator 96. Income Exception Code 97. Police / Security Tenant? 98. Survivor of Qualifier? 99. Household Assistance Status  100. Allowance for 101. Child Care E 102. Child Care E 103. 3% of Income 104. Disability Exp 105. Disability Allower 106. Medical Exp 107. Medical Allower 108. Elderly Hous 109. Total Allowar 109. Total Allowar 110. Adjusted Anr					ependents nse (work) nse (school) se nce e ce old Allowance		111. 112. 113. 114. 115. 116. 117. 118.	111. Total Tenant Payment 112. Tenant Rent 113. Utility Reimbursement 114. Assistance Payment 115. Welfare Rent 116. HCDA percentage 117. Percent Actually Charged 118. Hardship Exemption 119. Waiver Type Code					

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Name of Project							l	Unit Number			Effective Date		Certification Type			
Head of Household						1	Total Tenant Payment			nent	Tenant Rent					
			Section	n C	. Н	ouse	ehold	l Inf	ormation							
38. No.	39. Last Name	40. First Name	41. MI	42. Rel.	43. Sex	4 Ra	4. ace	45. Eth.	46. Birth Date	47. Specia Status	48. ID Code (SSN)	49. Elig. Code	50. Alien Reg. Number	51. Age at Cert.	52. Work Codes	
	Section D. Inc	ome Informatio							Section	on E.	Asset Info	rmati				
69. Mbr. No.	70. Income Type Code	71. Amount	72. SSN Benefits Claim No.		N Benefits Mbr.			79. 80 Description Star		80. Statu	0. 81. tus Cash Value		82. Actual Yearly Income		83. Date Divested	