

**PART VI - RENT**

Tenant Paid Rent:	\$ _____	Rental Assistance:	\$ _____
+			
Utility Allowances:	\$ _____	Other Non-optional Charges:	\$ _____
=			
GROSS RENT FOR UNIT (Tenant paid rent plus Utility Allowances and other non-optional charges)	\$ _____	Identify Other Charges:	_____
Maximum Gross Rent Limit for this unit:	\$ _____	Rent Level: (in AMI)	<input type="checkbox"/> 30% <input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input type="checkbox"/> 130% <input type="checkbox"/> Other: _____%

**PART VII - STUDENT STATUS (LIHTC ONLY)**

ARE ALL OCCUPANTS FULL TIME STUDENTS?	If yes, enter student explanation* (also attach documentation)	* Student Explanation:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Enter (1-5):	1 TANF assistance 2 Job training program 3 Single parent/dependent child 4 Married/joint return 5 Previous foster care

**PART VIII - PROGRAM TYPE**

Mark the program(s) listed below (A. through E.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

A. Tax Credit <input type="checkbox"/>	B. HOME <input type="checkbox"/>	C. Tax Exempt <input type="checkbox"/>	D. Middle-Income <input type="checkbox"/>	E. _____ <input type="checkbox"/> <i>Name of other program</i>
Income Status	Income Status	Income Status	Income Status	Income Status
<input type="checkbox"/> 20% <input type="checkbox"/> 60%	<input type="checkbox"/> 50%	<input type="checkbox"/> 40% <input type="checkbox"/> 80%	<input type="checkbox"/> 90% <input type="checkbox"/> 130%	<input type="checkbox"/> _____
<input type="checkbox"/> 30% <input type="checkbox"/> 70%*	<input type="checkbox"/> 60%	<input type="checkbox"/> 50% <input type="checkbox"/> OI**	<input type="checkbox"/> 100% <input type="checkbox"/> 165%	<input type="checkbox"/> _____
<input type="checkbox"/> 40% <input type="checkbox"/> 80%*	<input type="checkbox"/> 80%	<input type="checkbox"/> 60%	<input type="checkbox"/> 110% <input type="checkbox"/> Other %: _____	<input type="checkbox"/> OI**
<input type="checkbox"/> 50% <input type="checkbox"/> OI*	<input type="checkbox"/> OI**		<input type="checkbox"/> 120%	

\* these income levels apply for income-averaging tax credit developments only  
 \*\* Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

**HOUSEHOLD CERTIFICATION & SIGNATURES**

The Information on this form will be used to determine maximum income eligibility. I/we consent to the disclosure of all of the above information to the issuer of such bonds, to the holders of such bonds and the trustee acting on their behalf, of the New York City Department of Housing Preservation and Development, to any lender providing financing for the apartment building and to the agents and employees of such entities. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student. I/we understand and agree that the unit indicated on this form must be my primary residence, and I will not simultaneously maintain another residential lease in my name or otherwise maintain another residence.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I provide during this application process is subject to review by the New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

**SIGNATURE OF OWNER/REPRESENTATIVE**

Based on the representations herein and upon the proof and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible to live in the applicable unit under, as applicable, the provisions of Section 42 of the Internal Revenue Code (as amended), the Regulatory Agreement and/or the HOME Written Agreement governing the above Property.

\_\_\_\_\_  
Signature of Owner/Representative

\_\_\_\_\_  
Date