

ELDERLY BOND TENANT INCOME CERTIFICATION <input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other _____	Move-In Date: _____ Effective Date: _____ <div style="text-align: right; font-size: small;">(MM-DD-YYYY)</div>
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PART I. PROPERTY INFORMATION

Property Name: _____	County: _____	Unit #: _____
Address: _____		# of Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name	Middle Initial	Relation to Head of Household	Race	Ethnicity	Disabled (Yes/No)	Date of Birth	Full Time Student (Yes/No)	Last 4 Digits of SS#
1										
2										
3										
4										

PART III. GROSS ANNUAL INCOME

HH Mbr #	(A) Social Security	(B) Pensions	(C) Employment or Self-Employment	(D) Other Income
Totals				

Add totals from above, (A) - (D), to determine total income. **TOTAL INCOME (E) =**

PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset

Enter Column (H) Total	Passbook Rate *	TOTALS	
(If over \$5,000) \$ _____	X .06% = \$ _____	(J)	IMPUTED INCOME (J) =
*(If Bond issued pre-1986 use 10% Passbook Rate)			

Enter the greater of: Total of column (I) or Imputed Income (J). **TOTAL INCOME FROM ASSETS (K) =**

Add (E) + (K) **TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES (L) =**

HOUSEHOLD CERTIFICATION & SIGNATURES

I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income and assets. I/we agree to notify the landlord immediately if there are changes to the household composition or if any member becomes a full time student during the course of this tenancy. I/we will report any changes in income or household composition that occurs between the time this form is signed and the date it takes effect.

Under penalties of perjury, I/we certify that the information presented above is true and correct to the best of my/our knowledge and belief. I/we further understand that providing false representations (to include misleading or incomplete information) herein constitutes an act of fraud and may result in the termination of my/our lease.

Resident Signature	Date	Resident Signature	Date
Resident Signature	Date	Resident Signature	Date

PART V. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

Yes* No

If yes, enter student exemption*

Enter Exemption #: _____

***Student Exemptions:**

- 1 TANF assistance
- 2 Job Training Program
- 3 Single parent/dependent child
- 4 Married/joint return
- 5 Previous Foster Care Assistance

PART VI. INCOME LIMITS

2015 INCOME LIMITS FOR Name COUNTY

1 PERSON HOUSEHOLD		2 PERSON HOUSEHOLD	
<input type="checkbox"/> Over	\$ _____	<input type="checkbox"/> Over	\$ _____
<input type="checkbox"/> Between	\$ _____ & \$ _____	<input type="checkbox"/> Between	\$ _____ & \$ _____
<input type="checkbox"/> Below	\$ _____	<input type="checkbox"/> Below	\$ _____

PART VII. OTHER PROGRAM TYPES

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.

<input type="checkbox"/> a. Tax Credit Income Status <input type="checkbox"/> ≤ 40% AMGI <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> b. HOME Income Status <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> c. HDGP/Trust Fund/GHAP/ H+/PSH Income Status <input type="checkbox"/> ≤ 40% AMGI <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> d. Risk Share/Conduit Income Status <input type="checkbox"/> ≤ 40% AMGI <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> OI**	<input type="checkbox"/> e. _____ Name of Program Income Status <input type="checkbox"/> ≤ 40% AMGI <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> OI**
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**Upon recertification, household was determined to be over-income (OI) according to eligibility requirements of the program(s) marked in this section.

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 under the provisions of Section 142 (d) of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in an income/rent-restricted unit in this Project.

Printed Name of Owner/Representative _____

Signature of Owner/Representative _____

Date _____

PART VIII WAIVER REQUEST

Check one: The household qualifies as a family of low or moderate income.
 The household does not qualify as a family of low or moderate income.*

***WAIVER REQUEST: MANAGER MUST COMPLETE IF THE APPLICANT IS OVER THE STATE-WIDE MEDIAN INCOME OR UNDER AGE 58 AND DISABLED: (\$00000)**

Waiver must be signed and approved by OHCS before the applicant requiring a waiver moves in. Fax or email waiver request with documentation to support current set-aside to OHCS at Fax 503-986-2002 or email Reina.Orndoff@Oregon.gov

OHCS may waive the income limits and age requirements for a household seeking residence in an Elderly Housing property if a person in the household is a disabled person requiring special housing provisions to accommodate the impairment and whose disability arises from a physical or mental impairment that substantially limits one or more major life activities; however, no such waiver shall be made of the requirements of Section 142(d) of the Code (waiver must not be counted towards required property set-aside).

Signed: _____ Date: _____
 Management Agent

WAIVER APPROVAL:

Signed: _____ Date: _____
 OHCS Compliance Officer