

**(PROJECT NAME )  
OWNER'S ELIGIBILITY DETERMINATION**

(To be completed by Resident Households and returned to Management)

Re: Household Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_  
 Building No.: \_\_\_\_\_ at (Full Site Address) \_\_\_\_\_  
 Effective Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Next Recert Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Move-in Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Rent: \$ \_\_\_\_\_ Subsidy: Y/N Utility Allowance: \$ \_\_\_\_\_  
 No. of Bedrooms: \_\_\_\_\_ No. of Family Members: \_\_\_\_\_ Household Income Restriction % \_\_\_\_\_

As a condition for continued residency at (Project Name) and to be afforded all the rights and privileges of low income housing in accordance with the conditions outlined by the Lease Agreement and its amendments thereto, I am required to document ongoing eligibility of all in-place residents for permanent occupancy and use of the facilities and services.

I certify that the information provided to (Project Name) and its managing agent, (Management Company), by \_\_\_\_\_ is true and accurate to the best of my knowledge and belief. **Note: insert the (name of adult household member(s) age 18 and older).**

Tenant Names:	Date of Birth:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Please list the gross **annual income** received from all income sources:

(a). Social Security	\$ _____	
(b). Supplemental Social Security	\$ _____	
(c). Employment (fulltime or parttime)	\$ _____	
(d). Self-employment	\$ _____	(Net amount from Schedule C)
(e). Business	\$ _____	(Net amount from Schedule C)
(f). Public Assistance	\$ _____	(Shelter Allowance & Cash)
(g). Pension or Annuity	\$ _____	
(h). Family Support	\$ _____	

Please list the **balance and income earned** from individual assets or investments:

(i). Checking Account:	Cash Value: \$ _____	Interest rate %: _____	Income: \$ _____
(l). Checking Account:	\$ _____	Interest rate %: _____	Income: \$ _____
(j). Savings Account:	Cash Value: \$ _____	Interest rate %: _____	Income: \$ _____
(j). Savings Account:	\$ _____	Interest rate %: _____	Income: \$ _____
(k). Certificate of Deposit	Cash Value: \$ _____	Surrender Value: \$ _____	Rate %: _____
(k). Certificate of Deposit	Cash Value: \$ _____	Surrender Value: \$ _____	Rate %: _____
(l). IRA Account	Cash Value: \$ _____	Interest rate %: _____	Income: \$ _____
(m). Annuity	Cash Value: \$ _____	Surrender Value: \$ _____	Rate %: _____
(n). 401(k)	Cash Value: \$ _____	Interest rate %: _____	Income: \$ _____

(o). Life Insurance Cash Value: \$ \_\_\_\_\_ Surrender Value: \$ \_\_\_\_\_ Rate %: \_\_\_\_\_  
\$ \_\_\_\_\_ Surrender Value: \$ \_\_\_\_\_ Rate %: \_\_\_\_\_

(p). Stocks/Bonds Cash Value: \$ \_\_\_\_\_ Interest rate %: \_\_\_\_\_ Income: \$ \_\_\_\_\_  
\$ \_\_\_\_\_ Interest rate %: \_\_\_\_\_ Income: \$ \_\_\_\_\_  
\$ \_\_\_\_\_ Interest rate %: \_\_\_\_\_ Income: \$ \_\_\_\_\_

(q). Real Estate Market Value: \$ \_\_\_\_\_ Estimated Settlement Costs: \$ \_\_\_\_\_  
Date sold: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Rental Income: \$ \_\_\_\_\_ (annual) Expenses: \$ \_\_\_\_\_ (annual)

(r). Trust Funds Cash Value: \$ \_\_\_\_\_ Interest rate %: \_\_\_\_\_ Income: \$ \_\_\_\_\_

(s). Money Market Cash Value: \$ \_\_\_\_\_ Interest rate %: \_\_\_\_\_ Income: \$ \_\_\_\_\_

(t). Cash (on hand) Approximate amount: \$ \_\_\_\_\_

(u). Other:  
(list): \_\_\_\_\_

- Within the past two (2) years, I/we have sold or given away assets for more than \$1,000 below their fair market value. These amounts are not included above and total approximately \$ \_\_\_\_\_. **Note:** this amount is equal to the difference between the fair market value and the amount actually received for the asset.
- I/we have not sold or given away assets (including cash or real estate, etc.) for less than the fair market value during the past two (2) years.
- I/we do not have any assets to declare at this time.
- My/our total net family assets do exceed \$5,000 \_\_\_\_\_ or, do not exceed \$5,000 \_\_\_\_\_

**Student Affidavit:**

Are all occupants of the household (minors included) fulltime students? Yes \_\_\_\_\_ No \_\_\_\_\_  
Are you a fulltime student? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered "yes" please complete the following questions:**

1. Are you married and filing a joint federal income tax return with your spouse? Yes \_\_\_\_\_; No \_\_\_\_\_
2. Are you a single parent with minor children and neither you nor any of your children are being claimed as dependents for a third party? Yes \_\_\_\_\_; No \_\_\_\_\_
3. Are you receiving benefits under Title IV of the Social Security Act (i.e. TANF)? Yes \_\_\_\_\_; No \_\_\_\_\_
4. Are you currently enrolled in the Job Training Partnership Act or other similar job training program funded under state or local government? Yes \_\_\_\_\_; No \_\_\_\_\_
5. Are you a participant in, or have transitioned out of the Foster Care Program? Yes \_\_\_\_\_; No \_\_\_\_\_

**Resident Certification:**

I affirm that I have documented my household composition, income, assets and income received from any asset and further assert my households total annual income amounts to \$ \_\_\_\_\_ as reported on my income tax return or documented by this self-certification.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Owner Certification:**

I can affirm that the tenant/household has documented full compliance with the annual self-certification process by disclosing the type and current disposition of the household’s assets, the applicable income from assets, and all sources of household income (waged and non-waged).

I further assert that the tenant(s) **continue to meet the criteria** \_\_\_\_\_, or, **are no longer eligible** \_\_\_\_\_ for low income housing at \_\_\_\_\_%AMI as defined by the Regulatory Agreement for (Project Name \_\_\_\_\_).

**Note:** If no longer an eligible household, please explain \_\_\_\_\_

I certify that the resident’s (“tenant”) household eligibility has been documented in accordance with the project-related requirements for low income housing as defined by Section 42 of the IRS code for Tenant Recertification Waivers. And, the disclosed information has been obtained in strict confidence and with the understanding that any mis-use of this information could result in personal penalties to me.

**Signature:** \_\_\_\_\_  
(Owner/Managing Agent)

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Title:** \_\_\_\_\_