

# NYS Housing Trust Fund Corporation

Effective Date: \_\_\_\_\_

# Household Certification – Form

Type of Report: Annual / Initial

Bedroom size: \_\_\_\_\_

Member Number	Family Member	Relationship to Head of Household	Sex	Date of Birth	Age	Race	Ethnicity	Social Security Number

Race Legend: 1 – White  
2 – Black

3 – Native American or Alaskan Native  
4 – Asian or Pacific Islander

Ethnicity Legend: 1 – Hispanic  
2 – Non-Hispanic

### Part II Assets

Type of Asset	Cash Value	Annual Int.
<b>Total Assets</b>		

### Part III Income

Mem Num	Source of Income	Annual Inc.
	<b>Total Income</b>	

### Part IV Allowances

Number of Dependents	
Allowance for Dependents	
Child Care Allowance	
Allowance for Disabled or Elderly Household	
Total Medical or Disability Expenses	
3% of Annual Income minus	
Allowance for Medical or Disability Expenses	
<b>Total of Allowances:</b>	

Imputed Income from Assets (2.5% X Total Assets)	
Income from all sources except assets	
Income from assets (Greater of imputed or actual income from assets)	
<b>Gross Annual Income</b>	

Adjusted Annual Income	
Payment Standard Amount	
Owner's Contract Rent	
Utility Allowance	
<b>Gross Rent</b>	

<b>Total Tenant Payment (TTP)</b>	
<b>Tenant Rent</b>	
<b>Utility Reimbursement</b>	
<b>Subsidy Assistance Payment</b>	

Tenant(s)' Certification: I/We certify that the information in Parts I, II, III and IV of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/We will lose our subsidy assistance if I/we furnish false or incomplete information.

LA Certification: I certify that this Tenant's eligibility, rent and assistance payment have been computed in accordance with Program administrative procedures.

Head of Household Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse or Co-Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Caseworker Signature \_\_\_\_\_ Date \_\_\_\_\_