

USDA-RURAL HOUSING SERVICE
TENANT CERTIFICATION

1. Effective Date

Initial Certification Designate 60 Day Absence
 Recertification
 Modify Certification End 60 Day Absence
 Assign/Remove RA Tenant Transfer
 Vacate a Unit
 Certification Expired & Eviction in Process

PART I-PROJECT AND UNIT IDENTIFICATION

2. Project Name	3. Borrower ID and Project Number	4. Unit Type	5. Unit Number
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WARNING STATEMENT: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within tile jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

PART II-TENANT HOUSEHOLD INFORMATION

6. Tenant Subsidy Code (enter code)

0 - No Deep Tenant Subsidy
 1 - Rental Assistance (RA)
 3 - Existing HUD Certification
 4 - Other Public RA
 5 - Private RA
 6 - BUD Voucher
 7 - Other Types at Basic Rent
 Other Subsidy Indicator (leave blank if none, P-Partial or F-Full) _____

STATEMENT REQUIRED BY THE PRIVACY ACT: Title V of the Housing Act of 1949 authorizes RHS to collect the information on this form. Your disclosure of the information is voluntary. However, failure to disclose certain information may delay the processing of your eligibility or rejection. RHS will not deny eligibility if you refuse to disclose Your Social Security Number-

This information is collected principally to determine eligibility for occupancy and to determine your tenant contribution for rent. However, the information collected may be released to appropriate Federal, State and Local Agencies, credit bureaus and Servicing agents when relevant to civil, criminal or regulatory proceedings or to enforce regulations by manual or automated verification procedures.

Round all monetary figures up to the nearest dollar at .50 and above.

7. Social Security No.	8. Household Member Name <i>(Last, First and Middle Initial)</i>	Sex	10. Date of Birth MM DD YY	11. Race	12. Ethnicity

13. Minor, Disabled, Handicapped or Full-Time Student 18 or Older

14. Elderly, Disabled or Handicapped

(Complete this only when household member is a Tenant or Co-Tenant)

(Check below when coded above)

Total (Line 13)

Elderly Status

- Choices for Race are:
- 1 - American Indian or Alaskan Native
 - 2 - Asian
 - 3 - Black or African American
 - 4 - Native Hawaiian or Pacific Islander
 - 5 - White
- Choices for Ethnicity are:
- a - Hispanic/Latino
 - b - Non-Hispanic Latino

8a. Number of Foster Children (if any)

PART III- ASSET INCOME

15. Net Family Assets (NOTE: If Line 15 is less than \$5,000, enter zero on Line 16.) \$

16. Imputed Income from Assets (Bank Passbook Savings Rate (*) x Line 15.) \$

17. Income from Assets \$

PART IV- INCOME CALCULATIONS

18. Income

a. Wages, Salaries, etc. \$

b. Soc. Sec., Pensions, etc. \$

c. Assistance \$

d. Income Contributed by Assets (Greater of Line 16 or Line 17) \$

e. Other \$

f. Annual Income \$

19. Adjustments to Income

a. \$480 x total of Line 13 \$

b. \$400 if elderly status \$

c. Medical exceeding 3% of Line 18f. (if elderly, handicapped or disabled) \$

d. Child Care \$

e. Total Adjustments \$

20. Adjusted Annual Income (Line 18.f. minus Line, 19.e.) \$

PART V-INCOME LEVELS

21. Number of Household Members

22. Current Eligibility Income Level (Enter Code)

23. Date of Initial Project Entry

24. Eligibility Income Level at Initial Project Entry (Enter Code)

PART VI- CERTIFICATION BY TENANT

I certify that the information in PARTS II through IV is true and correct to the best of my knowledge and belief. Inquiries may be made to verify this information.

a. Date: <input type="text" value="MM DD YY"/>	b. Tenant Signature
c. Date: <input type="text" value="MM DD YY"/>	d. Co-Tenant Signature

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0033. The time required to complete this information collection is estimated to average 30 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.

PART VII - PRELIMINARY CALCULATIONS

25. Adjusted Monthly Income (<i>Line 20 ÷ 12</i>)	a. \$		x .30		= b. \$	
26. Monthly Income (<i>Line 18.f. ÷ 12</i>)	a. \$		x .10		= b. \$	
				27. Designated Monthly Welfare Shelter Payment	\$	
				28. Highest of Line 25.b., Line 26.b., or Line 27,		
29. Gross Basic Rent				30. Gross Note Rate Rent		
a. Basic Rent	\$			a. Note Rate Rent	\$	
b. Utility Allowance	\$			b. Utility Allowance	\$	
c. (<i>Line 29.a. + Line 29.b.</i>)	\$			c. (<i>Line 30.a. + Line 30.b.</i>)	\$	

PART VII DETERMINING GROSS TENANT CONTRIBUTION (GTC)

Decision: (check- one)

A. If tenant receives rental assistance (*RA*) enter Line 28 on Line 31 below. If Line 28 exceeds Line 29..c., go to Decision B since this Tenant will not receive RA..

B. If tenant does *not receive RA* and this project receives Plan II Interest Credit, enter the greater of Line 28 or Line 29..c. (but not to exceed Line 30.c.) on Line 31 below.

C. If tenant does *not receive RA* and this project is a Plan I, Full Profit or Labor Housing project complete Lines C.1. thru C.3. and enter Line C.3. on Line 31.

C.1. Enter Line 30.c.	\$	
C.2. Add Plan I Surcharge (if any)	\$	
C.3. Total (enter on Line 31)	\$	

PART IX-DETERMINING NET TENANT CONTRIBUTION (NTC)

31. GTC (From PART VIII)		\$	
32.. Utility Allowance (Line 29.b. or Line 30.b.)		\$	
33. Final NTC (Line 31 minus Line 32)		\$	

(Amount Tenant pays Borrower for rent. If Line 33 is negative, Borrower pays the difference to Tenant for utilities.)

PART X - CERTIFICATION BY BORROWER

I certify that the information on this form has been verified as required by federal law and the tenant household

is eligible to live in the unit, or has been granted ineligible occupancy by RHS.

a. Date Signed

MM DD YY

b. Signature of Borrower or Borrower's Representative