

1. Effective Date

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

**PART I - PROJECT AND UNIT IDENTIFICATION**

2. Project Name VILLAGE APARTMENTS - RDSEC.515	3. Borrower ID and Project Number 123456789 123	4. Unit Type 4BR	5. Unit Number 112
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WARNING STATEMENT: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the 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

0 - No Deep Tenant Subsidy  
1 - Rental Assistance (RA)  
2 - Project Based Section 8  
3 - Existing HUD Certificates  
4 - Other Public RA  
5 - Private RA  
6 - HUD Voucher  
7 - Other Types of Basic Rent

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 enforce regulations by manual or automated verification procedures.

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

Other Subsidy Indicator (leave blank if none, P-Partial or F-Full) \_\_\_\_\_ Other Subsidy Amount (For Partial) \$ 0.00

7. Social Security No.	8. Household Member Name	9. Sex	10. Date of Birth	11. Race	12. Ethnicity	12a. Race Determination Code
333-11-4444	SPOTTS, ROGER S	M	01/15/1979	5	b	C
454-56-8989	SPOTTS, LORI D	F	03/12/1980	5	b	C
123-56-7878	SPOTTS, LARRY B	M	06/15/2010	5	b	C
787-89-5656	SPOTTS, GLORIA S	F	10/15/2015	5	b	C

13. Minor, Disabled, Handicapped or Full-Time Student 18 or Older  
 Complete this only when household member is a Tenant or Co-Tenant

14. Elderly, Disabled or Handicapped  
 (Check below when coded above)

2 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)

Choices for Race Det. Code:  
C - Customer Provided  
E - Employee Observed

**PART III - ASSET INCOME**

15. Net Family Assets (NOTE: If less than or equal to \$ 51,600, Line 17 will be \$0.) \$

16. Enter actual asset income. \$

17. If net family assets exceed \$ 51,600, enter imputed income from assets when actual asset income cannot be determined [using current approved passbook savings rate ( 0.45 % )] \$

**PART IV - INCOME CALCULATIONS**

18. Income	19. Adjustments to Income
a. Wages, Salaries, etc. \$ <input type="text" value="44,110"/>	a. \$ 480 x total of Line 13 \$ <input type="text" value="960"/>
b. Soc. Sec., Pensions, etc. \$ <input type="text" value="0"/>	b. \$ 525 if elderly status \$ <input type="text" value="0"/>
c. Assistance \$ <input type="text" value="0"/>	c. Medical exceeding 10% of Line 18.f. (If elderly, handicapped or disabled) \$ <input type="text" value="0"/>
d. Income Contributed by Assets (Sum of Lines 16 and Line 17) \$ <input type="text" value="157"/>	d. Child Care \$ <input type="text" value="5,000"/>
e. Other \$ <input type="text" value="3,900"/>	e. Total Adjustments \$ <input type="text" value="5,960"/>
f. Annual Income \$ <input type="text" value="48,167"/>	20. Adjusted Annual Income (Line 18.f. minus Line 19.e) \$ <input type="text" value="42,207"/>
g. Household Has Exempt Income <input type="checkbox"/>	

**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 and acknowledge that if the Agency provides unauthorized assistance to the borrower/multi-family housing project owner for my benefit based on erroneous or fraudulent information provided in this tenant certification, I will reimburse the Agency for that unauthorized amount. If I do not, the Agency may use all remedies available to collect it, including those under the Debt Collection Act, to recover on the Federal debt directly from me. In accordance with the requirements of the Privacy Act of 1974, which protects my confidential records from unauthorized release, I authorize the Agency to release information collected in this tenant certification to appropriate Agencies for income recertification purpose.

a. Date  b. Tenant Signature \_\_\_\_\_

c. Date  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 0575-0189. The time required to complete this information collection is estimated to average 30 minutes per person, 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 (Line 20 / 12)	a. \$	3,517	x .30	= b. \$	1,055
26. Monthly Income (Line 18.f./ 12)	a. \$	4,014	x .10	= b. \$	401
				27. Designated Monthly Welfare Shelter Payment	\$ <span style="border: 1px solid black; text-align: center;">0</span>
				28. Highest of Line 25.b., Line 26.b., or Line 27.	\$ <span style="border: 1px solid black; text-align: center;">1,055</span>
29. Gross Basic Rent					
a. Basic Rent	\$	1,225			
b. Utility Allowance	\$	245			
c. (Line 29.a. + Line 29.b.)	\$	1,470			
30. Gross Note Rate Rent					
a. Note Rate Rent	\$	1,525			
b. Utility Allowance	\$	245			
c. (Line 30.a. + Line 30.b.)	\$	1,770			

**PART VIII - 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.              | \$ | 0 |
| C.2. Add Plan I Surcharge (if any) | \$ | 0 |
| C.3. Total (enter on Line 31)      | \$ | 0 |

**PART IX - DETERMINING NET TENANT CONTRIBUTION (NTC)**

31. GTC (From PART VIII)	\$	1,055
32. Utility Allowance (Line 29.b. or Line 30.b.)	\$	245
33. Final NTC (Line 31 minus Line 32)	\$	810

(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

Project : VILLAGE APARTMENTS - RDSEC.515  
 Unit # 112  
 Tenant : ROGER SPOTTS

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

a. Date Signed

MM/DD/YY  
11/01/2025

b. Signature of Borrower or Borrower's Representative

\*\* Total Net Family Assets \$ 23,000