

1. Effective Date: **12/01/2011**

Initial Certification  
 Recertification  
 Modify Certification  
 Cotenant to Tenant  
 Assign/Remove RA  
 Vacate a unit

Certification Expired & Eviction in Process  
 Designate 60 Day Absence  
 End 60 Day Absence  
 Tenant Transfer

**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**

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: **1**

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 verifier procedures.

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

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	01/15/1956	5	b	C
454-56-8989	SPOTTS, LORI D	F	03/12/1958	5	b	C
123-56-7878	SPOTTS, LARRY B	M	06/15/1988	5	b	C
787-89-5656	SPOTTS, GLORIA S	F	10/15/1990	5	b	C

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

14. Elderly, Disabled or Handicapped:  [H]

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

(Check below when coded above)

8a. Number of Foster Children (if any):  0

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

Total (Line 13):  0

Elderly Status:  X

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

**PART III - ASSET INCOME**

15. Net Family Assets (NOTE: If Line 15 does not exceed \$5,000, enter zero on line 16.) \$ 17,360

16. Imputed Income from Assets ( Bank Passbook Savings Rate ( 2.000 % ) x Line 15. ) \$ 347

17. Income from Assets \$ 700

**PART IV - INCOME CALCULATIONS**

18. Income

a. Wages, Salaries, etc. \$ 45,110

b. Soc. Sec., Pensions, etc. \$ 0

c. Assistance \$ 0

d. Income Contributed by Assets (Greater of Line 16 or Line 17) \$ 700

e. Other \$ 2,675

f. Annual Income \$ 48,485

g. Household Has Exempt Income

19. Adjustments to Income

a. \$ 480 x total of Line 13 \$ 0

b. \$ 400 if elderly status \$ 400

c. Medical exceeding 3% of Line 18.f. (If elderly, handicapped or disabled) \$ 7,250

d. Child Care \$ 0

e. Total Adjustments \$ 7,650

20. Adjusted Annual Income (Line 18.f. minus Line 19.e) \$ 40,835

**PART V - INCOME LEVELS**

21. Number of Household Members:  4

22. Current Eligibility Income Level (Enter Code):  A

23. Date of Initial Project Entry:  12/01/1990

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

**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:  MM/DD/YY

b. Tenant Signature: \_\_\_\_\_

c. Date:  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 0575-0189. 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. \$	<input type="text" value="3,403"/>	x .30	= b. \$	<input type="text" value="1,021"/>
26. Monthly Income (Line 18.f. / 12)	a. \$	<input type="text" value="4,040"/>	x .10	= b. \$	<input type="text" value="404"/>
			27. Designated Monthly Welfare Shelter Payment	\$	<input type="text" value="0"/>
			28. Highest of Line 25.b., Line 26.b., or Line 27.	\$	<input type="text" value="1,021"/>
29. Gross Basic Rent			30. Gross Note Rate Rent		
a. Basic Rent	\$	<input type="text" value="1,125"/>	a. Note Rate Rent	\$	<input type="text" value="1,425"/>
b. Utility Allowance	\$	<input type="text" value="245"/>	b. Utility Allowance	\$	<input type="text" value="245"/>
c. (Line 29.a. + Line 29.b.)	\$	<input type="text" value="1,370"/>	c. (Line 30.a. + Line 30.b.)	\$	<input type="text" value="1,670"/>

**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.              | \$ | <input type="text" value="0"/> |
| C.2. Add Plan I Surcharge (if any) | \$ | <input type="text" value="0"/> |
| C.3. Total (enter on Line 31)      | \$ | <input type="text" value="0"/> |

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

31. GTC (From PART VIII)	\$	<input type="text" value="1,021"/>
32. Utility Allowance (Line 29.b. or Line 30.b.)	\$	<input type="text" value="245"/>
33. Final NTC (Line 31 minus Line 32)	\$	<input type="text" value="776"/>

(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 : SPOTTS

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

a. Date Signed

b. Signature of Borrower or Borrower's Representative