

**Owner's Certification of Compliance
with HUD's Tenant Eligibility
and Rent Procedures**

**U.S. Department of Housing
and Urban Development**
Office of Housing
Federal Housing Commissioner

NOT for submission to the Federal Government
Landlord's Official Record of Certification

OMB Approval Number 2502-0204

Section A. Acknowledgements

Read this before you complete and sign this form HUD-50059

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 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. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Tenant(s)' Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

Certification Summary from Page 2

Name of Project VILLAGE APARTMENTS - HUD	Effective Date 12/01/2014	Certification Type AR - Annual	Anticipated Voucher Date December 2014
Head of Household ROGER S. SPOTTS	Total Tenant Payment \$ 724	Assistance Payment \$ 1,016	Tenant Rent \$ 479
Unit Number 112	Extenuating Circumstances Code		

Tenant Signatures

Head of Household	Date	Other Adult	Date
Spouse / Co-Head	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date

Owner/Agent Signature

Owner/Agent	Date
-------------	------

**Owner's Certification of Compliance
with HUD's Tenant Eligibility
and Rent Procedures**

**U.S. Department of Housing
and Urban Development**
Office of Housing
Federal Housing Commissioner

For Personal Records ONLY - Not for
Submission to the Federal Government

Record for Landlords

Section B. Summary Information																
1. Project Name VILLAGE APARTMENTS - HUD		12. Effective Date 12/01/2014		21. Unit Number 112												
2. Subsidy Type 1 - Sec.8		13. Anticipated Voucher Date 12/2014		22. No. of Bedrooms 4BR												
3. Secondary Subsidy Type		14. Next Recertification Date 12/01/2015		23. Building ID												
4. Property ID *Future		15. Project Move-In Date 12/01/1988		24. Unit Transfer Code												
5. Project Number 12345678		16. Certification Type AR - Annual		25. Previous Unit No.												
6. Contract Number ILO69900009		17. Action Processed		26. Security Deposit 175												
7. Project iMAX ID TRACM12345		18. Correction Type		27. 236 Basic/BMIR Rent 0												
8. Plan of Action Code		19. EIV Indicator		28. Market Rent 1,395												
9. HUD-Owned Project? N/A		20. Prev. Subsidy Type		29. Contract Rent 1,495												
10. Previous Housing Code N/A				30. Utility Allowance 245												
11. Displacement Status Code N/A				31. Gross Rent 1,740												
				32. TTP at RAD Conversion 0												
Section C. Household Information																
33. Mbr No.	34., 35., 36. Last Name, First Name MI			37. Rel.	38. Sex	39. Race	40. Eth	41. Birth Date	42. Special Status	43. Student Status	44. ID Code (SSN)	45. SSN Excp	46. Ctzn Code	47. Alien Reg. Number	48. Age	49. Work Codes
1	SPOTTS, ROGER S			H	M	W	2	05/05/1945	E		154-64-6547		EC		69	
2	SPOTTS, CARLA W			S	F	W	2	11/18/1950	E		459-98-9877		EC		64	
3	SPOTTS, KARL Q			O	M	W	2	12/01/1969			123-56-5656		EC		45	
4	SPOTTS, TIMOTHY K			O	M	W	2	08/15/1980			456-56-5655		EC		34	
50. Family has Mobility Disability? NO		53. Number of Family Members 4		57. Expected Family Addition - Adoption 0												
51. Family has Hearing Disability? NO		54. Number of Non-Family Members 0		58. Expected Family Addition - Pregnancy 0												
52. Family has Visual Disability? NO		55. Number of Dependents 0		59. Expected Family Addition - Foster Children 0												
56. Number of Eligible Members 4																
60. Previous Head Last Name SPOTTS		63. Active Full Cert. Effective Date 12/01/2013														
61. Previous Head First Name ROGER		64. Previous Head ID 154-64-6547														
62. Previous Head Middle Initial S		65. Previous Head Birth Date 05/05/1945														
Section D. Income Information							Section E. Asset Information									
66. Mbr No.	67. Income Type / Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested							
1	Non-Federal Wage / W	28,950		1	CHECKING	C	3,600	0								
				1	SAVINGS	C	5,000	50								
				1	MONEY MARKET	C	7,000	350								
70. Total Employment Income		28,950	81. Total Cash Value of Assets				15,600									
71. Total Pension Income		0	82. Actual Income from Assets				400									
72. Total Public Assistance Income		0	83. HUD Passbook Rate				2.000%									
73. Total Other Income		0	84. Imputed Income from Assets				312									
74. Total Non-Asset Income		28,950	85. Asset Income				400									
Section F. Allowances & Rent Calculations																
86. Total Annual Income		29,350	97. Deduction for Dependents		0		108. Total Tenant Payment		724							
87. Low Income Limit		55,750	98. Child Care Expense (work)		0		109. TTP Before Override		0							
88. Very Low Income Limit		34,850	99. Child Care Expense (school)		0		110. Tenant Rent		479							
89. Extremely Low Income Limit		20,900	100. 3% of Income		881		111. Utility Reimbursement		0							
90. Current Income Status		2 - Very Low	101. Disability Expense		0		112. Assistance Payment		1,016							
91. Eligibility Universe Code		2 - Post 1981	102. Disability Deduction		0		113. Welfare Rent		0							
92. Section 8 Assist. 1984 Indicator			103. Medical Expense		0		114. Rent Override									
93. Income Exception Code			104. Medical Deduction		0		115. Hardship Exemption									
94. Police / Security Tenant?		NO	105. Elderly Family Deduction		400		116. Waiver Type Code									
95. Survivor of Qualifier?			106. Total Deductions		400		117. Eligibility Check Not Required									
96. Household Citizenship Eligibility		E	107. Adjusted Annual Income		28,950		118. Extenuating Circumstances Code									