

TENANT INCOME CERTIFICATION

Effective Date: 12/01/2015

Move-in Date: 12/01/1988
(MM/DD/YYYY)

Initial Certification Recertification Other _____

PART I - DEVELOPMENT DATA

Property Name: VILLAGE APARTMENTS - LIHTC County: BOONE BIN #: 1234-5678-90111 PISD: 01/01/1990
Address: 1111 DEMONSTRATION ST., DEMONSTRATION, IL 69999 Unit Number: 112 # Bedrooms: 4BR

PART II. HOUSEHOLD COMPOSITION DEMOGRAPHIC INFO (LIHTC ONLY)

| HH Mbr # | Last Name | First Name & M.I. | Relationship to Head of Household | Date of Birth (MM/DD/YY) | F/T Student? | SS# - last 4 digits | Race | Ethnicity | Disabled? |
|----------|-----------|-------------------|-----------------------------------|--------------------------|--------------|---------------------|------|-----------|-----------|
| 1 | SPOTTS | ROGER S | HEAD | 05/05/1945 | N | 6547 | 1 | 2 | |
| 2 | SPOTTS | CARLA W | S | 11/18/1950 | N | 9877 | 1 | 2 | |
| 3 | SPOTTS | KARL Q | O | 12/01/1969 | N | 5656 | 1 | 2 | |
| 4 | SPOTTS | TIMOTHY K | O | 08/15/1980 | N | 5655 | 1 | 2 | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

| HH Mbr # | (A) Employment or Wages | (B) Soc. Security/Pensions | (C) Public Assistance | (D) Other Income |
|----------|-------------------------|----------------------------|-----------------------|------------------|
| 1 | 21,960.00 | 0.00 | 0.00 | 0.00 |
| 2 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTALS | \$ 21,960.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

Add totals from (A) through (D), above

TOTAL INCOME (E):

\$ 21,960.00

PART IV. INCOME FROM ASSETS

| Hshld Mbr # | (F) Type of Asset | (G) C/I | (H) Cash Value of Asset | (I) Annual Income from Asset |
|--|-------------------|---------------|------------------------------|------------------------------|
| 1 | CHECKING | C | 1,000.00 | 0.00 |
| 1 | SAVINGS | C | 5,000.00 | 250.00 |
| 1 | MONEY MARKET | C | 10,000.00 | 400.00 |
| TOTALS: | | | \$ 16,000.00 | \$ 650.00 |
| Enter Column (H) Total | | Passbook Rate | | |
| If over \$5000 \$ 16,000.00 X | | 0.060% | = (J) Imputed Income | \$ 9.60 |
| Enter the greater of the total of column I, or J: imputed income | | | TOTAL INCOME FROM ASSETS (K) | \$ 650.00 |

(L) Total Annual Household Income from all Sources [Add (E) + (K)]

\$ 22,610.00

HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

| | | | |
|--------------------|-----------------|--------------------|-----------------|
| _____ Signature | _____ (Date) | _____ Signature | _____ (Date) |
| _____ Signature | _____ (Date) | _____ Signature | _____ (Date) |

PART V. DETERMINATION OF INCOME ELIGIBILITY

RECERTIFICATION ONLY:

| | | | |
|--|--------------|--|--|
| TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1 | \$ 22,610.00 | Household Meets Income Restriction at: | Current Income Limit x 140%: \$ 39,648.00 |
| | | <input checked="" type="checkbox"/> 60% <input type="checkbox"/> 50% | Household Income exceeds 140% at recertification: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | <input type="checkbox"/> 40% <input type="checkbox"/> 30% | |
| | | <input type="checkbox"/> _____% | |
| Current Income Limit per Family Size: | \$ 28,320.00 | | |
| Household Income at Move-in: | \$ 13,995.00 | Household Size at Move-in: | 4 |

PART VI. RENT

| | | | |
|--|--------|--|--------------------|
| Tenant Paid Rent | \$ 577 | Rent Assistance: | \$ 0 Type: _____ |
| Utility Allowance | \$ 245 | Other non-optional charges: | \$ 0 |
| GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges) | \$ 822 | Unit Meets Rent Restriction at: | |
| | | <input checked="" type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> _____% | |
| Maximum Rent Limit for this unit: | \$ 822 | | |

PART VII. STUDENT STATUS

| | | |
|---|---|---|
| ARE ALL OCCUPANTS FULL TIME STUDENTS? | If yes, Enter student explanation* (also attach documentation) | *Student Explanation: |
| <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | 1 TANF assistance 2 Job Training Program 3 Single parent/dependent child 4 Married/joint return 5 Formerly in foster care |
| | Enter 1-5 | |

PART VIII. PROGRAM TYPE

Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

| | | | | |
|--|--|--|---|--|
| a. Tax Credit <input checked="" type="checkbox"/> See Part V above. | b. HOME <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> ≤ 50% AMGI <input type="checkbox"/> ≤ 60% AMGI <input type="checkbox"/> ≤ 80% AMGI <input type="checkbox"/> OI** | c. Tax Exempt <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI** | d. AHDP <input type="checkbox"/> <i>Income Status</i> <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI** | e. _____ <input type="checkbox"/> <i>(Name of Program)</i> <i>Income Status</i> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> OI** |
|--|--|--|---|--|

** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE