

This form is to be completed by the owner or an authorized representative. *These instructions are not a complete guide on program compliance. The responsibility for compliance with program regulations lies with the owner of the building(s)/development.*

**Heading:**

Check the appropriate box for certification type:

- |                       |  |
|-----------------------|--|
| Initial Certification | Move-in  |
| Recertification       | First anniversary or annual recertification  |
| Other                 | If Other, designate the type of the certification (i.e., a unit transfer or other state-required certification). |

Enter the full date (month/day/year) for the following:

Effective Date      Enter effective date of certification. For newly-constructed developments the Initial Certification shall be the move-in date. For the first anniversary and subsequent annual recertification, this shall be no later than one year from effective date of the previous certification.

Note: The effective date must be entered in order for the Age as of Effective Date to calculate in Part II – Household Composition.

Move-in Date      Enter the date the household has or will take occupancy of the unit.

**Part I - Development Data:**

Enter the information for Part I – Development Data:

- |             |  |
|-------------|--|
| Key Number  | The identification number issued by Florida Housing that is unique to each development.  |
| Development | Enter the name of the development.   |
| County      | Enter the county in which the building is located.   |
| Unit ID     | Enter the unit number.   |
| BIN #       | If the development is a Housing Credit development, enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609). Leave blank if the development is not a Housing Credit Development or the development is a Housing Credit Development but the BIN # has not yet been assigned. |
| Address     | Enter the address of the building.   |
| City        | Enter the city in which the building is located.   |

**Part II - Household Composition**

Enter the information for Part II – Household Composition for all occupants of the unit:

Last Name                      Enter the last name of each occupant of the unit.

First Name & Middle Initial                      Enter the full first name and middle initial of each occupant of the unit.

Relationship to Head of Household                      State each occupant's relationship to the head of household according to one of the following coded definitions:

H - Head of Household	S - Spouse
A - Adult co-tenant	O - Other family member
C - Child	U - Unborn Child
L - Live-in caretaker	F - Foster child(ren)/adult(s)
N - None of the above	

There shall be only one Head of Household; there shall be only one spouse; list the same person as Head on subsequent Recertifications as long as that person is a member of the household. The addition of a spouse does not change a remaining prior member's position as Head. An unborn child appears on the TIC only if its presence is necessary to qualify the household.

Date of Birth                      Enter the full date of birth (month/day/year) of the applicable household member.

Age as of Effective Date                      The age that the occupant will be on the date that the current certification is effective. The age of an unborn child or a child who will not yet have reached the first birthday on the date that the current certification is effective shall be considered zero.

***Note: This is a formulated field. The Effective Date must be entered in the TIC Heading in order for the age to calculate.***

Full Time Student (Y or N)                      Enter Y for Yes or N for No to indicate if the applicable household member is or will be a full time student at any time during 5 or more calendar months of the year. Full time status is determined by the institution being attended

*If there are more than 8 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.*

**Part III - Annual Income**

Enter the information for Part III – Annual Income:

This Part reflects gross income anticipated to be received by the household for the twelve-month period that begins with the effective date of the current certification. Complete a separate row for each income-earning member, using the respective household member number from Part II. Enter the exact amount of income from the third-party verification forms obtained from each income source. If a household member has multiple incomes of a single type, the aggregated exact income amounts shall be determined and the total for each type entered on the TIC. The resident file shall contain documentation of the determination of aggregate amount.

Enter for each household member:

- Column (A)     Exact amount of the annualized gross wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.
- Column (B)     Exact amount of annualized Social Security, Supplemental Security Income, pensions, military retirement, etc., payments.
- Column (C)     Exact amount of annualized income received from public assistance (i.e., TANF, general assistance, disability, etc.).
- Column (D)     Exact amount of annualized alimony, child support, and unemployment benefit payments, or any other income regularly received by the household.
- If Other,  
Indicate Type     Enter the income type for which an amount has been entered in Column (D).

Enter for the household:

- Item (E)         Exact amount of the sum of columns (A) through (D), above.  
**Note: This is a formulated field.**

**Part IV - Income from Assets**

Enter the information for Part IV – Income from Assets:

This Part reflects combined household assets including assets of minors. Asset information for each household member shall be entered on a single row. When a household member has both current (C) and imputed (I) assets a separate row per household member shall be used for assets of each status. The exact value of assets shall be entered. If a household member has multiple assets of a single type, the aggregate value of all assets of that type shall be determined and the total for each type entered on the TIC. The resident file shall contain documentation of the determination of aggregate value.

Enter for each household member:

- Column (F)     Select the asset ownership status for each asset/asset type entered on the TIC:  
  
C - Household currently owns or holds the asset, or  
  
I - Household disposed of the asset for less than fair market value within two years prior to the effective date of certification.

Note: Imputation of disposed assets does not apply to households being qualified for the MMRB 150% income category nor for households that are being qualified only for the SAIL program. Developments participating in both Housing Credit and SAIL shall follow the more restrictive Housing Credit requirement.

- Column (G)     Exact cash value of assets held in a checking account.
- Column (H)     Exact cash value of assets held in a savings account.
- Column (I)     Exact cash value of assets held in a certificate of deposit (CD).

- Column (J) Exact cash value of assets held in real estate owned, or other non-banking assets.
- If Other, Indicate Type Enter the type of the asset for which an amount has been entered in Column (J).
- Column (K) Enter the exact amount of anticipated annual income actually derived from all assets listed in Columns (G), (H), (I), and (J), e.g., savings account balance multiplied by the annual interest rate.
- Item (L) The sum of the asset cash values listed in Columns (G), (H), (I), and (J).  
**Note: This is a formulated field.**
- Item (M) The sum of Column (K).  
**Note: This is a formulated field.**
- Item (N) The Item (L) amount if the amount exceeds \$5,000.  
**Note: This is a formulated field.**
- Item (O) If a value is entered in Item (N), a calculation of imputed asset income shall be done. Multiply Item (N) by 2% and enter the amount in (O), Imputed Income.  
**Note: This is a formulated field.**
- Note: Imputation of asset income does not apply to households being qualified for the MMRB 150% income category nor for households being qualified only for the SAIL program. Developments participating in both Housing Credits and SAIL shall follow the more restrictive Housing Credit requirement.
- Item (P) The amount of Item (M) or Item (O), whichever is greater.  
**Note: This is a formulated field.**

### Part V – Total Household Income from all Sources

Enter the information for Part V – Total Household Income from all Sources:

- Item (Q) Total annual Household Income From all Sources. Add (E) and (P) and enter the total. **Note: This is a formulated field.**

### HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, the Head of Household shall sign and date the Tenant Income Certification; the Spouse, if any, shall sign and date the Tenant Income Certification; and, all other household members that have attained age 18 shall sign and date the Tenant Income Certification. For move-in, The Tenant Income Certification shall be signed no earlier than 5 days prior to the effective date of the certification. If move in is delayed a new Tenant Income Certification shall be executed. An affidavit shall be executed by all parties to the Tenant Income Certification, attesting to the continued accuracy of the information contained on the Tenant Income Certification.

### Part VI - Student Status

Enter the information for Part VI – Student Status:

If all household members are full time students, check Yes. If at least one household member is not a full time student, check No. **Note: These are formulated fields.**

If Yes is checked, the appropriate explanation number shall be listed on the line to the right. If none of the explanations apply, the household is ineligible to rent the unit.

**Student Explanations**

<b>Number</b>	<b>Explanation</b>
1	Student households that receive Temporary Assistance for Needy Families (TANF) or its equivalent
2	The students are enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or under other similar federal, state, or local laws
3	The students are a single parent with dependent children; none of the household members are dependents of another party other than a parent of the children.
4	The students are married and file a joint tax return
5	Former foster child in transition to independence

**Part VII - Program Name**

Enter the information for Part VII - Program Name:

Enter the applicable AMI percentage category for only the program(s) toward which this household's unit will be counted. If the household does not meet eligibility qualifications for all programs in which the Development is a participant, leave the remaining items blank. If a household met eligibility requirements at move in and later ceases to be eligible for a program while remaining qualified for one or more other programs, mark OI column of the program for which household no longer qualifies.

MMRB	If the development participates in the MMRB program and the unit this household will occupy will count towards the MMRB program set-asides, enter the applicable AMI percentage category toward which this household's unit will be counted for this program.
SAIL	If the development participates in the State Apartment Incentive Loan program (SAIL), and this household's unit will count towards the set-aside requirements, enter the applicable AMI percentage category toward which this household's unit will be counted for this program.
Housing Credit	If the development participates in the HC program and the unit this household will occupy will count towards the HC program set-asides, enter the applicable AMI percentage category toward which this household's unit will be counted for this program.
HOME	If the development participates in the HOME program and the unit this household will occupy will count towards the HOME program set-asides, enter the applicable AMI percentage category toward which this household's unit will be counted for this program.
RRLP	If the development participates in the Rental Recovery Loan Program (RRLP), and this household's unit will count towards the set-aside requirements, enter the applicable AMI percentage category toward which this household's unit will be counted for this program.
Other Programs	If the development participates in any other affordable housing program, complete the information as appropriate.

**Part VIII – Determination of Income Eligibility**

Enter the information for Part VIII – Determination of Income Eligibility:

Current total household income Enter the amount of Total Household Income From All Sources from Item (Q), Part V. **Note: This is a formulated field.**

AMI % Enter the most restrictive (lowest) AMI category met by the household in Part VII. **Note: This is a formulated field.**

Current Income Limit per Household Size Enter the income limit for the household size that is in effect when the Tenant Income Certification is executed.

**Enter the following only upon recertification.**

Household size at move in Enter the number of household members from the Initial Certification.

Household Income at move in Enter the amount of Total Household Income From All Sources from the Initial Certification.

Current Income Limit x 140% Multiply the current income limit by 140% and enter the total. Below, indicate whether or not the household income exceeds that total by marking Yes or No as appropriate. If the Gross Annual Income at recertification is greater than 140% of the current income limit, the available unit rule must be followed.

**Note: This is a formulated field.**

Household income exceeds 140% at recertification If the household income exceeds 140% of the current income limit at execution of the recertification Tenant Income Certification check Yes.

If the household income does not exceed 140% of the current income limit at execution of the recertification Tenant Income Certification check No.

**Note: This is a formulated field.**

**Part IX – Rent**

Enter the information for Part IX – Rent:

- |  |  |
|--|--|
| Rental Assistance  | Enter the amount of rental assistance, if any.   |
| Section 8 Assistance Type                                      | Mark the type of Rental Assistance as appropriate, Tenant Based or Project Based.  |
| Utility Reimbursement  | Enter the amount of the utility reimbursement received by the household, if applicable.  |
| Tenant Paid Rent   | Enter the amount the household pays toward rent (not including rent assistance payments such as Section 8). Tenant Paid Rent includes non-optional charges such as mandatory garage rent, storage lockers, charges for services provided by the Development, etc.<br><b>Note: This may be a negative amount if the household receives a utility reimbursement.</b> |
| Utility Allowance  | Enter the utility allowance. If the owner pays all utilities, enter zero. Leave blank if no Utility Allowance applies to the program.  |
| Total Tenant Payment   | Enter the total of Tenant Paid Rent plus Utility Allowance and other non-optional charges.<br><b>Note: This is a formulated field.</b>   |
| Unit Meets Housing Credit/HUD Risk Sharing rent restriction at | Enter the AMI percentage category of the rent restriction that the unit meets according to what is required by the Housing Credit/HUD Risk Sharing set-aside(s) for the Development.   |
| Unit Meets HOME Program Rent Restriction at                    | Enter the appropriate HOME Program Rent restriction that the unit meets according to what is required by the HOME Program set-aside(s) for the Development.  |
| Number of Bedrooms   | Enter the number of bedrooms in the unit.  |
| Current Rent Limit for this Unit                               | Enter the maximum allowable gross rent for the unit type, if any, that is in effect when the Tenant Income Certification is executed.  |
| Rent Concession Total Amount                                   | Enter the total dollar value of the rent concession, if any, over the term of the current lease.   |
| Rent Concession Lease Term (in months)                         | Enter the number of months in the current lease term. Enter a one (1) if the tenancy is month to month.  |

**Part X – Categorical or Public Purpose Set Aside or Targeting**

Enter the information for Part X – Categorical or Public Purpose Set Aside or Targeting:

If this household's unit will count towards the set-aside requirements, mark the appropriate line indicating the household's designation.

**SIGNATURE OF OWNER/REPRESENTATIVE**

It is the responsibility of the owner's representative to sign and date this document immediately following execution by the household members.

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the resident file is extremely important and should be conducted by someone well trained in program compliance.

**Part XI - Statistical Data**

Enter the information for Part XI - Statistical Data.

No resident is required to provide statistical data unless they desire to do so. Refusal to give such information will not affect any rights they have as a resident. The statistical data page of the Tenant Income Certification is retained in the resident file; it is not sent to Florida Housing or the Compliance Monitor.

**Participation:**

If household elects not to participate in the statistical data gathering, mark the box and place the form in the household's file.

**New Households - Prior Housing Information (answer for household head):**

- Monthly rent payment      Enter the amount of monthly rent paid by the head of household at their most recent previous residence.
- Monthly house payment    Enter the amount of the monthly mortgage payment paid by the head of household at their most recent previous residence.
- ZIP Code                      Enter the ZIP code of the most recent previous residence of the head of household.

**All Households - Current Employment (answer for household head):**

- Occupation                  Enter the occupation type of the person named as head of household on the Tenant Income Certification.
- ZIP Code                      Enter the ZIP code of the place of employment of the head of household.
- Primary Transportation Mode    Mark the line that applies to the household head's primary transportation mode.

**Additional Household Information (answer all that apply to any member of the household):**

Mark the lines of all that apply to any member of the household.

**Racial Categories:**

Enter the total number of household members per racial category; enter the total number of Hispanic or Latino household members per category. Leave blank any data fields that do not apply.