

**FLORIDA HOUSING FINANCE CORPORATION  
TENANT INCOME CERTIFICATION**

Initial Certification     Recertification     Other \_\_\_\_\_  
*Indicates Type*

**Enter Full Date (mm/dd/yyyy)**  
Effective Date: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_

**PART I - DEVELOPMENT DATA**

Key Number \_\_\_\_\_ Development \_\_\_\_\_ County \_\_\_\_\_  
Unit ID: \_\_\_\_\_ BIN # \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

**PART II - HOUSEHOLD COMPOSITION**

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)	Age as of Effective Date	Full Time Student (Y or N)
1			<b>H - Head</b>			
2						
3						
4						
5						
6						
7						
8						
9						

**PART III - GROSS ANNUAL ANTICIPATED HOUSEHOLD INCOME (USE ANNUALIZED AMOUNTS)**

HH Mbr #	(A) Employment or Wages	(B) Social Security/ Pensions	(C) Public Assistance	(D) Other Income	If Other, Indicate Type

Calculate sum of (A) through (D), above **(E) TOTAL ANTICIPATED INCOME:** \$ -

**PART IV - CASH VALUE OF ASSETS AND ANNUALIZED ANTICIPATED HOUSEHOLD INCOME FROM ASSETS**

HH Mbr #	(F) C / I	(G) Checking	(H) Savings	(I) CD	(J) Other	If Other, Indicate Type	(K) Asset Income

(L) TOTAL CASH VALUE: Calculate sum of (G) through (J) above: \$ -

(M) Total Anticipated Actual Asset Income: \$ -

(N) Enter Item (L) amount if total exceeds \$5,000: \$ - X Passbook Rate **0.40%** = (O) Imputed Income: \$ -

**(P) TOTAL INCOME FROM ASSETS:** *Enter the greater of Item (M) or Item (O)* \$ -

**PART V - (Q) TOTAL HOUSEHOLD INCOME FROM ALL SOURCES - Add (E) + (P)** \$ -

**HOUSEHOLD CERTIFICATION AND SIGNATURES**

The information on the 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 gross 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 VI - STUDENT STATUS**

Is every household member a full-time student?  
(refer to Part II)

Yes       No

If YES, enter Student Explanation number \_\_\_\_\_

**Student Explanation**

- 1 TANF assistance
- 2 Job training program
- 3 Single parent / dependent child
- 4 Married / joint return
- 5 Former foster child in transition to independence

**PART VII - PROGRAM NAME**

**Indicate AMI category served by household for set-aside requirement of each Florida Housing program**

AMI		
Category	%	CAP **
MMRB	_____ %	** Upon _____ recertification the
SAIL	_____ %	_____ household
Housing Credit	_____ %	_____ exceeded the
HOME	_____ %	_____ income cap
AHL	_____ %	_____ according to
HUD Risk Sharing	_____ %	_____ program(s)
SHIP	_____ %	_____ eligibility
_____	_____ %	_____ requirements.
_____	_____ %	_____

**PART VIII - DETERMINATION OF INCOME ELIGIBILITY**

Current total household income \$ \_\_\_\_\_  
(refer to Part V)

**Most restrictive AMI category met by household**  
(refer to Part VII)

\_\_\_\_\_ AMI %      Current Income Limit \$ \_\_\_\_\_

**Recertification only**

Household size at move in \_\_\_\_\_

Total household income at move in \$ \_\_\_\_\_

Current Income Limit x 140% \$ \_\_\_\_\_

Household income exceeds 140% at Recertification:

Yes       No

**PART IX - RENT**

Rental Assistance \$ \_\_\_\_\_

If Section 8, indicate assistance type:

Tenant Based \_\_\_\_\_

Project Based \_\_\_\_\_

Utility Reimbursement \$ \_\_\_\_\_

Tenant-Paid Rent \$ \_\_\_\_\_

(include non-optional charges)

Utility Allowance \$ \_\_\_\_\_

**TOTAL TENANT PAYMENT**

(Tenant paid rent plus utility allowance) \$ \_\_\_\_\_

Unit meets ELI / Housing Credit / HUD Risk Sharing rent restriction at AMI Category \_\_\_\_\_ %

Unit meets HOME Program rent restriction at \_\_\_\_\_

Number of bedrooms in this unit \_\_\_\_\_

Current rent limit for this unit \$ \_\_\_\_\_

(Refer to applicable schedule of maximum allowable rents)

**Rent Concession - throughout current lease**

Total Amount \$ \_\_\_\_\_

Lease Term \_\_\_\_\_

(in months)

**PART X - CATEGORICAL OR PUBLIC PURPOSE SET ASIDE OR TARGETING REQUIREMENT TYPES**

\_\_\_\_\_ SPND (Indicate with X to select ALL set asides or targets that apply to this household)

\_\_\_\_\_ Link \_\_\_\_\_ Referral Agency Number

\_\_\_\_\_ Commercial fishing worker \_\_\_\_\_ Elderly

\_\_\_\_\_ Farmworker \_\_\_\_\_ Homeless

\_\_\_\_\_ Developmentally Disabled \_\_\_\_\_ Special Needs

\_\_\_\_\_ Workforce Housing

\_\_\_\_\_ Family (SAIL only)

\_\_\_\_\_ Veteran

\_\_\_\_\_ Number of BR's (MMRB PPC only)

**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 the program(s) indicated in Part VII, and the Extended Use Agreement and/or Land Use Restriction Agreement (if applicable), to live in a unit in this Development.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**PART XI - STATISTICAL DATA**

**Note:** Information in this Part XI is gathered for statistical use only. No resident is required to give such information unless they desire to do so.

Refusal to provide information in this Part will not affect any rights the household has as residents. There is no penalty for households that do not complete the form.

**For Office Use: Household elected not to participate.**

**New Households**

**Prior Housing Information**

*(Answer for household head)*

Monthly rent payment \_\_\_\_\_

Monthly house payment \_\_\_\_\_

ZIP Code \_\_\_\_\_

**All Households**

**Current Employment**

*(Answer for household head)*

Occupation \_\_\_\_\_

ZIP Code \_\_\_\_\_

**Primary Transportation Mode**

*(Answer for household head)*

Motor vehicle \_\_\_\_\_

Public transportation \_\_\_\_\_

Other \_\_\_\_\_

**Additional Household Information**

A member of the household:

*(Check all that Apply)*

Receives Medicare benefits \_\_\_\_\_

Receives Medicaid benefits \_\_\_\_\_

Is a Person With a Disability \* \_\_\_\_\_

Racial Categories* (Select All That Apply)	Total Number of Household Members Per Category	Total Number of Hispanic or Latino Household Members
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> Black or African American		
Asian <i>and</i> Black or African American		
Other mutiple race combination		
<b>TOTALS</b>		

**\* Definitions**

- Person With a Disability      A person who has a mental or physical impairment that substantially limits one or more of such person's \* Major Life Activities; has a record of such impairment; or is regarded as having such an impairment.
- Major Life Activities      Functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, sitting, standing, lifting, reaching, thinking, concentrating, reading, interacting with others, learning, sleeping and working.
- Hispanic or Latino      A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
- Not-Hispanic or Latino      A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- American Indian or Alaska Native      A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian      A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American      A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
- Native Hawaiian or Other Pacific Islander      A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White      A person having origins in any of the original peoples of Europe, the Middle East or North Africa.