



basic annual recertification

For Housing Tax Credit and CHFA Multifamily Loan Programs

part 1 development and unit data

Property Name		County		BIN (Housing Tax Credit only)		Effective Date	
Address		City	State	Zip	Unit #	# Bedrooms	Move-in Date
AMI Income and Rent Restriction for this Unit <input type="checkbox"/> 120% <input type="checkbox"/> 80% <input type="checkbox"/> 70% <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> 20% <input type="checkbox"/> Other _____%							

part 2 household composition

HH MBR	Full Name	Relationship to Head of Household (HOH)	Date of Birth	Last 4 digits of Social Security Number Use 0000 if none	Full-time Student
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you expect any additions to the household within the next 12 months? (check one) Yes No

If yes, please explain:

part 3 gross rent

Tenant-paid Rent	\$ _____	Rent Assistance	\$ _____
Utility Allowance	\$ _____	Maximum Rent Limit for this Unit	\$ _____
Other Non-optional Charges	\$ _____		
Gross Rent for Unit (Tenant-paid rent plus Utility Allowance and other non-optional charges)	\$ _____		

part 4 household certification and signatures

- The information in this form will be used to determine household eligibility. 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 belief. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or over must sign and date.

Print Name of Resident	Signature	Date
Print Name of Resident	Signature	Date
Print Name of Resident	Signature	Date
Print Name of Resident	Signature	Date

part 5 owner certification and signature

Based upon the representations herein and upon the proofs and documentations required to be submitted, the individual(s) named in Part 2 of this Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Restriction Agreement (if applicable), and/or the Regulatory Agreement (if applicable) to live in a unit in this Project.

Print Name of Owner/Representative	Signature	Date
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