

Head of Household:

Unit #

Addendum to Tenant Income Certification

Corrected Effective Date: _____

Complete **only** corrected information. Place in file on top of Original TIC.

Corrected Move-in Date: _____

Initial Certification Move In Re-Certification Other _____

The following information is provided to correct errors discovered on the original TIC

Corrections to PART I - DEVELOPMENT DATA

Property Name: _____ County: _____ BIN #: _____
BIN Address: _____ City: _____ ZIP: _____
Unit Number: _____ # Bedrooms: _____ Square Footage: _____

Corrections to PART II. HOUSEHOLD COMPOSITION

Table with 10 columns: HH Mbr #, Last Name, First Name & Middle Initial, Relationship to Head Of Household, Date of Birth (MM/DD/YYYY), F/T Student (Yes or No), SS# Last 4 Digits, Race, Ethnic, Disabled

Corrections to PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

Table with 5 columns: HH Mbr #, (A) Employment or Wages, (B) Social Security/Pensions, (C) Public Assistance, (D) Other Income

Add totals from (A) through (D), above TOTAL INCOME (E): \$

Corrections to PART IV. INCOME FROM ASSETS

Table with 5 columns: HH Mbr #, (F) Type of Asset, (G) C/I, (H) Cash Value of Asset, (I) Annual Income from Asset

TOTALS: \$ \$
Enter Column (H) Total If over \$5,000 \$ _____ Passbook Rate X .45% = (J) Imputed Income \$
Enter the greater of the total of column I, or J: imputed income TOTAL INCOME FROM ASSETS (K) \$

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

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.

True and correct as of _____ (Date of Original TIC) Today's Date Signature

True and correct as of _____ (Date of Original TIC) Today's Date Signature

Corrections to PART V. DETERMINATION OF INCOME ELIGIBILITY

RECERTIFICATION ONLY:

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$ _____ From item (L) on page 1 Most Restrictive Current Income Limit per Family size, program and set-aside \$ _____ Household Income at Qualification Date: \$ _____ Household Size at Qualification Date: _____	Household Meets Income Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> _____%	Current LIHTC Income Limit x 140% \$ _____ Household Income exceeds LIHTC 140% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Corrections to PART VI. RENT

Tenant Paid Rent \$ _____ Utility Allowance \$ _____ Other non-optional charges: \$ _____ GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges) \$ _____ Most Restrictive Maximum Rent Limit for this unit program and set aside: \$ _____ Unit Meets Rent Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> _____%	Federal Rent Assistance Amount: \$ _____ *Source: _____ Non-Federal Rent Assistance Amount: \$ _____ (*1-8) TOTAL RENT ASSISTANCE: \$ _____ * Source of Federal Assistance 1 **HUD Multi-Family Project-Based Rental Assistance (PBRA) 2 Section 8 Moderate Rehabilitation 3 Public Housing Operating Subsidy 4 HOME Rental Assistance 5 HUD Housing Choice Voucher (HCV), tenant-based 6 HUD Project-Based Voucher (PBV) 7 USDA Section 521 Rental Assistance Program 8 Other Federal Rental Assistance ** (PBRA) Includes: Section 8 New Construction/Substantial Rehabilitation; Section 8 Loan Management; Section 8 Property Disposition; Section 202 Project Rental Assistance Contracts (PRAC)
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Corrections to PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Enter student explanation* (also attach documentation) *Enter 1-6: _____	*Student Explanation: 1 TANF assistance 2 Job Training Program 3 Single parent/dependent child 4 Married/joint return 5 Formerly in foster care 6 Extended-Use Period
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Corrections to 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 type="checkbox"/> See Part V above. <30% AMI <60% AMI OI**	b. HOME <input type="checkbox"/> Income Status <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"/> Income Status <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	d. AHDP <input type="checkbox"/> Income Status <input type="checkbox"/> 50% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	e. <input type="checkbox"/> _____ (Name of Program) Income Status <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> OI**
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**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.

True and Correct as of: _____ Date of Original TIC _____ Today's Date _____ Signature of Owner/Representative