

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 #: _____ PISD: _____
 BIN Address: _____ City: _____ ZIP: _____
 Unit Number: _____ # Bedrooms: _____ Square Footage: _____

Corrections to PART II. HOUSEHOLD COMPOSITION

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)

HH Mbr #	(A) Employment or Wages	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$	\$	\$	\$

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

TOTAL INCOME (E):

\$

Corrections to PART IV. INCOME FROM ASSETS

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
TOTALS:			\$	\$
Enter Column (H)		Passbook Rate		
Total If over \$5,000		\$ _____ X .40%	= (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:	\$ 	Household Meets Income Restriction at:	Current LIHTC Income Limit x 140% \$
From item (L) on page 1		<input type="checkbox"/> 60% <input type="checkbox"/> 50%	Household Income exceeds LIHTC 140% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Most Restrictive Current Income Limit per Family size, program and set-aside	\$	<input type="checkbox"/> 40% <input type="checkbox"/> 30%	
H\hold Income at Qualification Date:	\$	<input type="checkbox"/> _____%	
H\hold Size at Qualification Date:			

Corrections to **PART VI. RENT**

Tenant Paid Rent	\$	Federal Rent Assistance Amount: \$ _____ *Source: _____
Utility Allowance	\$	Non-Federal Rent Assistance Amount: \$ _____ (*1-8)
Other non-optional charges:	\$	TOTAL RENT ASSISTANCE: \$ _____
GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges)	\$ 	* 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
Most Restrictive Maximum Rent Limit for this unit program and set aside:	\$	** (PBRA) Includes: Section 8 New Construction/Substantial Rehabilitation; Section 8 Loan Management; Section 8 Property Disposition; Section 202 Project Rental Assistance Contracts (PRAC)
Unit Meets Rent Restriction at:	<input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> _____%	

Corrections to **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 type="checkbox"/> No	*Enter 1-6: _____	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

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"/> <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"/> _____ (Name of Program) <i>Income Status</i> <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