INCOME CERTIFICATION						Effective Date: Move-in Date:		
□ In	itial Certification R	Recertification		ther*		*Transfer from		/DD/YYYY)
Droports	, Nama:			VELOPM Cour			BIN #:	
Property Name: TDHCA #:				Number:		# Bedrooms:		
		PART II.	HOUSI		_		, Dear ooms.	
HH Mbr #	Last Name	First Name & Mid Initial		Relationship of House HEA	to Head chold	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Social Security or Alien Reg. No.
2				IILA	D			
3 4								
5								
6 7								
	PART	III. GROSS ANN	JIJAT. I	NCOME ((USE ANN	JUAL AMOUN'	rs)	
HH Mbr #	(A)		(B) eurity/Per		(C)		(D) Other Income	
TOTALS	ф	ф			Φ.		Ф	
	\$ als from (A) through (D) a	above			\$ TOTAL	INCOME (E):	\$	
		PART 1	IV. INC	COME FR		CTS		
HH Mbr #	(F) Type of Asset	i	(G) C/I	((H) Cash Value	of Asset	Asset (I) Annual Income from Asset	
		TOT	TALS:	\$			\$	
	Column (H) Total f over \$5000 \$	Passbo	ook Rate 2.00%	;	= (J)	Imputed Income	\$	
Enter the	greater of the total of column I,	or J: imputed incom	ne T	OTAL INC	OME FRO	M ASSETS (K)	\$	
(L) Total Annual Household Income from all Sources [Add (E) + (K)] \$								
HOUSEHOLD CERTIFICATION & SIGNATURES								
current anti	ation on this form will be used to do cipated annual income. I/we agree ree to notify the landlord immediate	to notify the landlord i	mmediate	ely upon any r	nember of the			
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	Signature (Date) Signature (Date)							

(Date)

Signature

Signature

(Date)

PART V. DETERMINATION OF INCOME ELIGIBILITY (LIHTC ONLY)					
				,	TIFICATION ONLY:
TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES:			Household Me Income Restric		Income Limit x 140%:
	From item (L) on page 1	\$	at:	\$(optional)	
			□ 60% □ 50)% Household	Income exceeds 140% at
			□ 40% □ 30	n% 1	recertification:
Current Incor	ne Limit per Family Size	\$	□ oi		□ Yes □No
Current filcon	(optional):	Φ			
(most restri	\ 1 /				
** 1 11*	.35	Ф	TT 1.110'	3.5	
Household Inco	me at Move-1n (optional):	\$ Household Size at Move-in (optional):			
		DADTX	T DENT		
		PARIV	I. RENT		
A. Tenant Paid Rent	t (column E on USR):	\$	W 124		
D Heilitz Allowana	o (oolumn E on UCD).	¢	Unit Meets Rent R		
B. Utility Allowance	e (column F on USR):	\$	□ 60%	□ 50%	
	(1 G 110D)	Ф	□ 40%	□ 30%	
C. Rent Assistance	(column G on USR):	\$	□ 80%	Ш%	
D Other non ention	ual abargas:	\$			
D. Other non-option	iai charges:	<u> </u>	Maximum Rent Li	mit for this unit:	Φ. /
E. Gross Rent For U	Jnit (See Instructions):		Maximum Kent Li		\$ /
E. Gloss Kellt For C	omit (See mstructions).	\$ /			
	DADT VII C	PUDENT CTATUS (I	HITC and Tax Even	A Donal only)	
	PARI VII. S.	IUDENI SIATUS (I	LIHTC and Tax Exen	ipt bona omy)	
				*Student Explanation	on:
ARE ALL OCCUPAN	TS FULL TIME STUDEN		ter student explanation*	1 TANF assistance	(LIHTC only)
	_	(also at	ttach documentation)	2 Job Training Prog	
☐ yes	□ no			4 Married/joint retu	pendent child (LIHTC only)
		Enter	1-4		3111
		DADT VIII DD	OCD AM TVDE		
Mark the program(s) 1	isted below (a through f		Old's unit will be counted	toward the property's	occupancy requirements.
	arked, indicate the househ				occupancy requirements.
a. Tax Credit \Box	b. НОМЕ □	c. Tax Exempt	d. AHDP	e. HTF	f 🗆
		-			(Name of Program)
See Part V above.	Income Status	Income Status	Income Status	Income Status	
	30%	□ 30%		ELI	, G
	□ 50%	□ 50%	LI	□ VLI	Income Status
	□ 60%	□ 60%	□ OI**	LI	□
	□ 80%	□ 80%		□ OI**	
	□ OI**	OI**			□ OI**
		☐ Eligible Tenant			
** 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					
	are eligible under the prov				
live in a unit in this Pro	ject.				
SIGNATURE OF OWN	NER/REPRESENTATIVE	E DAT	TE		

Supplement to the Income Certification

Unit #:		Date:			
See belo	w for Ethnicity, Race, and O	ther codes that characte	erize household composition.	Enter both Ethnicity and Race co	des for each household
member,	and a code for Other, if appl	licable. Also indicate it	f an individual in the househo	old qualifies the household for the Sp	pecial Needs occupancy
requirem	ent specified in the Land Use	e Restriction Agreemen	nt or other document.		

HH Mbr #	Sex – enter M or F	Age	Race	Ethnicity	Other	Desjgnated Special Needs? Enter Y or N
1						
2						
3						
4						
5						
6						
7						

The Texas Department of Housing and Community Affairs (TDHCA) requests this information in order to monitor compliance with equal opportunity and fair housing goals. Although TDHCA would appreciate receiving this information, you may choose not to furnish it. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. However, if you choose not to furnish it, the Management of the Development is required to note ethnicity, race, sex, age and other household composition on the basis of visual observation or surname. If you do not wish to furnish this information, please initial below.

RESIDENT/APPLICANT:	I do not wish to furnish information regarding ethnicity, race, sex, age and other household composition.
	(Initials)

The following Ethnicity codes should	The following Race codes should be used:	The following Other codes should	
be used:	A White	be used:	
A Hispanic	B Black/African American	A Elderly	
B Not Hispanic	C Asian	B Disabled	
	D American Indian/Alaska Native	C Elderly & Disabled	
	E Native Hawaiian/Other Pacific Islander	·	
	F American Indian/Alaska Native & White		
	G Asian & White		
	H Black/African American & White		
	I American Indian/Alaska Native & Black/African American		
	J Other Multi Racial		

DEFINITIONS

Ethnic categories:

- A. Hispanic A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.
- B. Not Hispanic A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Racial categories:

- A. White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- B. Black/African American A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" apply to this category.
- C. Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- D. American Indian/Alaskan 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.
- E. Native Hawaiian/Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: The remaining racial categories (F-I) are multi racial categories made up of combinations of the single race categories defined above (A-E). If the appropriate multi-racial category is not listed, use the "Other Multi Racial" (J) category.