

## ANNUAL HOUSEHOLD CERTIFICATION UPDATE

**Directions:** This form is used to report continued compliance activities with regard to the Restrictive Use Covenants for all properties, Years 1-30, and to document tenant household data required as part of the Housing and Recovery Act enacted on July 30, 2008. This form shall be used in lieu of recertifications no longer required for 100% buildings or projects. This form shall be initiated no earlier than 120 days preceding the anniversary date of move-in and no later than the anniversary date of move-in for each tax credit qualified household.

<b>Property Name:</b>	<b>Unit Number or Address:</b>
<b>Date this Form is Completed:</b>	<b>Effective Date of this Form:</b>
<b>Current Rent Charged for this Unit: \$</b> <b>Amount of Rent paid by Tenant:</b> <b>Subsidy:</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>Type:</b> <b>Amount:</b>	<b>Current Utility Allowance for this Unit:</b>  \$

Identify each member by name residing in the household (for unborn children, identify as "unborn child")	Age	Full-Time Student (Yes/No)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

<b>Household's Self-Certified Income for the next 12 Months:</b> \$ <b>Income Source(s) -- check all that are applicable:</b> <input type="checkbox"/> Any Wage <input type="checkbox"/> Pension <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Welfare	<b>Has this Household transferred during the past year from another unit within the building or complex:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the income constitute an increase or a decrease from the prior year:</b> <input type="checkbox"/> increase <input type="checkbox"/> decrease	<b>If Household transferred from another unit, identify the unit they transferred from:</b>

Racial Categories (Providing one's race and ethnicity is an optional disclosure for applicants/tenants. Declining to do so will not affect your eligibility for this program. This is being tracked for informational purposes only.)	# in Household by Race	# in Household by Ethnicity (Hispanic or Latino) only
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
*Other multiple race combinations		
Those electing to not disclose		

<b>For Office Use Only: If this household satisfied a requirement of the Restrictive Use Covenant (RUC), please indicate so below:</b>		
<input type="checkbox"/> 30% AMGI Household	<input type="checkbox"/> 40% AMGI Household	<input type="checkbox"/> 50% AMGI Household
<input type="checkbox"/> 60% AMGI Household	<input type="checkbox"/> 140% AMGI Household	<input type="checkbox"/> Homeless Unit
<input type="checkbox"/> Disabled	<input type="checkbox"/> Elderly	

**Tenant's Signature** \_\_\_\_\_ **Tenant's Signature:** \_\_\_\_\_  
**Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_