***Each applicant applying for Section 42 housing in Kansas must have the household’s income, asset and student information recorded on the Kansas tenant income certification. Management and the applicant should complete this form together. Do not leave any questions blank.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Property Name: | | |  | | | | | | | | | | | | | | Unit Number: | | | |  | | | | Bedroom Type: | | | | | |  | | |
| Building Identification Number: | | | | | | | | | | | | |  | | | | | | Procorem Property Number: | | | | | | | |  | | | | | | |
|  | |  | | | | |  | | |  | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| Tenant Paid Rent: | $ | | | | Subsidy: | | | | $ | | | Utility Allowance: | | | $ | Additional Authorized Monthly Charges | | | | $ | | Total Tenant Paid Rent:  (TPR+U/A=TTPR) | | | | $ | | | | HUD Max Allowable Rent/FMR (per LURA) requirement: | | | $ |
| Initial Certification: | | | | | | | | Yes  No | | | | | | | | If yes, effective date of this Cert: *(Must be the initial lease date. Acq/Rehab effective dates may differ slightly)* | | | | | | | | | | | | ­­­­­­­­­­­­­­­­­­­­­­­­ | | | | | |
| Recertification: | | | | | | | | Yes  No | | | | | | | | If yes, effective date of this Recert: | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Information for HOME and Housing Trust Fund (HTF)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this a HOME **or** HTF unit? | | | | Yes  No | | | | | | | | If so, total rent amount:  (Rent+U/A+*Subsidy* = Total Rent) | | | | | | $ | | | | | HOME/HTF Allowable Rent (list both amounts if both programs apply): | | | | | | | | | HOME: $  HTF: $ | |
| Property Completion Date: (Per IDIS) | | | | | | ­­­ | | | | | Do any household members 18 or older attend school PART *or* FULL time? | | | | | | | ­­Yes  No | | | | | If yes, complete the HOME/HTF Certification of Student Status for each student household member. | | | | | | | | | | |

**A. Household Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Head** | **Co-Head** | **Member** | **Member** | **Member** | **Member** | **Member** |
| **Last Name** |  |  |  |  |  |  |  |
| **First Name** |  |  |  |  |  |  |  |
| **Relationship** |  |  |  |  |  |  |  |
| **Male/Female** |  |  |  |  |  |  |  |
| **Current Age** |  |  |  |  |  |  |  |
| **SSN** |  |  |  |  |  |  |  |
| **Birth date** |  |  |  |  |  |  |  |
| **Full or Part Time Student *(Write Yes/No & FT/PT)*** |  |  |  |  |  |  |  |
| **Marital Status** *(****Single, Married, Divorced, Separated or Widowed)*** |  |  |  |  |  |  |  |
| **Disabled**  ***(Write Yes/ No)*** |  |  |  |  |  |  |  |
| **\*Race** |  |  |  |  |  |  |  |
| **\*Ethnicity** |  |  |  |  |  |  |  |

***\*NAHMA Standard Race Table: A = Asian, AI = American Indian/Alaskan Native, B = African American, NA = Not Available,***

***NH = Native Hawaiian/Pacific Islander, O = Other, W = White***

***\*NAHMA Standard Ethnicity Table: Y = Hispanic including C = Cuban, MAC = Mexican, Mexican American, Chicano/a, O = Another Hispanic, Latino/a, or Spanish Origin; N = Not Hispanic***

**B. Household Member**

|  |  |
| --- | --- |
| Total Number of Household Members Expected to occupy the unit during the next 12 Months. | |
| *(You may include an unborn child(ren) if you are currently pregnant):* |  |

**C. Students (Tax Credit only) \*HOME and HTF programs follow different student rules.**

|  |  |
| --- | --- |
| Are ALL members in the household full-time students? | Yes  No |
| If the answer is “yes,” under which student exception named below is the household qualifying?  (a , b , c , d , e ) | |
| 1. a. At least one member of the household is a single parent with minor child(ren), and both the parent and children are not dependents of a 3rd party, and the children are only claimed by a parent. 2. b. At least one member of the household is married and eligible to file a joint tax return. 3. c. At least one member of the household receives assistance under Title IV of the Social Security Act, (or TAFF). 4. d. At least one member of the household is enrolled in a job training program receiving assistance under the Job Training Partnership Act, or similar federal, state or local laws. 5. e. At least one member of the household was previously in foster care. | |

**D. Household Income Information**

Complete the questions regarding income, and then list all pertinent sources of income on the chart. Do not include income from assets. Assets are covered under Section E.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Yes | No | |
| 1. Are any of the occupants receiving Federal rental assistance through a Section 8 Certificate/Voucher, Rural Housing or Tenant Based Rental Assistance program? | | | | |  |  | |
| If yes, what is the subsidy amount? | | | $ | |  |  | |
| 2. Is any member of your household employed full-time, part-time, or seasonally? | | | | |  |  | |
| 3. Does any member of your household not currently employed expect to work for any period during the next twelve (12) months? *(Persons 18 yrs. and older)* | | | | |  |  | |
| 4. Does any member of your household work for someone who pays them in cash or who earns tips? *(Persons 18 yrs. and older)* | | | | |  |  | |
| 5. Is any member of your household absent from work due to military leave? | | | | |  |  | |
| 6. Does anyone in your household now receive or expect to receive unemployment benefits?  Now receives  Expects to receive | | | | |  |  | |
| 7. Does any member of your household now receive or expect to receive child support?  Now receives  Expects to receive  Not Court Ordered  Currently Court Ordered  Court Order Case Number(s): | | | | |  |  | |
| 8. Does any member of your household now receive or expect to receive alimony?  Now receives  Expects to receive  Not Court Ordered  Currently Court Ordered  Court Order Case Number(s): | | | | |  |  | |
| 9. Does any member of your household receive or expect to receive monetary welfare assistance other than Food Stamps? Now receives  Expects to receive | | | | |  |  | |
| 10. Does any member of your household receive or expect to receive social security or SSI benefits?  Now receives  Expects to receive | | | | |  |  | |
| 11. Does any member of your household receive or expect to receive periodic payments from a pension, annuity, or retirement account? Now receives  Expects to receive | | | | |  |  | |
| 12. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? | | | | |  |  | |
| 13. Does anyone in the household receive mineral rights royalties/payments? | | | |  |  | | |
| 14. Does anyone in the household receive periodic payments for Blood/Plasma/Other donations or research studies? | | | |  |  | | |
| 15. Is any member of your household receiving tuition assistance in the form of grants or scholarships (not excluded under Title IV, 479B of the Higher Education Act of 1965)? | | | | |  |  | |
| ***Household Member*** | | | ***Source of Income*** | | ***Annual Amount ($)*** | | |
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| **Total Gross Annual Income:** | | | | |  | | |

**E. Household Asset Information**

Please check yes or no to the following questions regarding assets. Checking “yes” indicates you have the asset and checking “no” indicates you do not have the asset. After answering the questions, complete the chart below.

Yes No

1. Does anyone in the household have a checking account?
2. Does anyone in the household have a savings account?
3. Does anyone in the household have certificates of deposit (CDs)?
4. Does anyone in the household have stocks or bonds?
5. Does anyone in the household have mutual funds?
6. Does anyone in the household have trust accounts?
7. Does anyone in the household have personal property held as an investments?
8. Does anyone in the household have life insurance with a cash value?
9. Does anyone in the household own real estate?

Is the real estate for sale or for rent?

1. Have any assets been disposed of for less than fair market value within the last two years?

List them here:

1. Does anyone in the household have any other current assets?

(cash on hand, CashApp, Venmo, PayPal) List them here:

1. Are any assets or income sources listed above deposited onto a pre-paid debit card?

(Direct Express, ReliaCard, NetSpend, Citi Bank, etc.)

If yes, please list the card type here:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Household Member*** | ***Type of Asset/Financial Institution*** | ***Percent of Ownership*** | ***Cash Value of Asset*** | ***Actual or Imputed***  ***(A/I)*** | ***Annual % Rate*** | ***Annual Income from Asset*** | ***Disposed of for Less than Fair Market Value (Y/N)*** |
|  |  |  |  |  |  |  |  |
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| ***Total Cash Value:***  ***If equal to or less than $50,000 (as adjusted by inflation), it is acceptable to indicate 0.*** | | |  | ***Total Asset Income:*** | |  |  |

**F. Determining Asset Income**

**For net household assets equal to or less than $50,000 (as adjusted by inflation), use the actual income where it can be calculated. On assets where the actual income cannot be calculated, count zero.**

**For net household assets over $50,000 (as adjusted by inflation), use the actual asset income where it can be calculated and use the imputed income where the actual cannot be calculated. Note: Asset income will be a combination of actual and imputed.**

**Total Asset Income: $     \_\_**

**Total Anticipated Gross Annual Household Income (including asset income): $     \_\_**

**Maximum Income Allowed for the household size per the income/rent limits: $     \_\_**

**Recertification for Mixed-Use pre year 16 properties ONLY: $     \_\_**

**(140% of the maximum income allowed for the household size)**

**For HOME Units ONLY: 80% of the AMGI for Current Year: $     \_\_**

**(Action required if over 80%)**

**\*Note to management: Please include a calculation tape or calculation worksheet explaining the method used to determine the annual household income amount.**

**G. Recertification**

In signing this income certification, I/we understand that in accordance with Section 42 regulations regarding recertifications/annual household certification update (Sample Form 18), I/we will be required to complete another certification within the next 12 months and with each 12 month period thereafter, and that failure to do so will jeopardize my/our ability to continue living at this housing development.

**H. Signatures**

I/We certify under penalty of perjury that all information I/we provided for the purpose of completing this form is true and complete to the best of my/our knowledge and belief. I/We understand that willful misrepresentation of any information provided herein constitutes fraud and my be dealt with in a Court of Law.

***Tenant Signature Date Co-Tenant Signature Date***

***Co-Tenant Signature Date Co-Tenant Signature Date***

***Manager’s Signature Date***

***Please do not sign the initial KTIC more than five (5) days in advance of the initial lease date.***

**I. Special Household Information**

Please indicate what requirement(s) of the Restrictive Use Covenant (RUC), AIT federal set-aside designation, and/or Loan Agreement the household satisfies:

20% AMGI Household  30% AMGI Household  40% AMGI Household

50% AMGI Household  60% AMGI Household  70% AMGI Household

80% AMGI Household  140% AMGI Household

Homeless Tenant  Disabled Tenant  Elderly Unit

Family Unit  Handicap Equipped Unit

Floating HTF Unit  Fixed HTF Unit

Floating HOME Unit  Fixed HOME Unit  High HOME Unit  Low HOME Unit

**J. Additional Asset Information (use this page only if needed and copy as necessary):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Household Member*** | ***Type of Asset/Financial Institution*** | ***Percent of Ownership*** | ***Cash Value of Asset*** | ***Actual or Imputed***  ***(A/I)*** | ***Annual % Rate*** | ***Annual Income from Asset*** | ***Disposed of for Less than Fair Market Value (Y/N)*** |
|  |  |  |  |  |  |  |  |
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| ***Total Cash Value:***  ***If equal to or less than $50,000 (as adjusted by inflation), it is acceptable to indicate 0.*** | | |  | ***Total Asset Income:*** | |  |  |