



Within 3 business days, FAX a SIGNED copy to: 312-832-2188

**ILLINOIS HOUSING DEVELOPMENT AUTHORITY
RENTAL HOUSING SUPPORT PROGRAM
LONG TERM OPERATING SUPPORT PROGRAM**

Exhibit 7 in Compliance Manual

IHDA USE ONLY

TENANT INCOME CERTIFICATION FORM

Initial Certification Annual Recertification Interim Recertification Correction

Rider to Lease Start Date:

Effective Date:

PART I. PROJECT DATA

Project Name:	Project Number:
Unit Address:	City:
Unit Number:	County:
Number of Bedrooms:	Zip:

PART II. HOUSEHOLD COMPOSITION

Household Member Nbr	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)
0				
1				
2				
3				
4				
5				
6				

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

Household Member Nbr	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income

TOTALS \$ \$ \$ \$

Add Totals from (A) Through (D), Above TOTAL INCOME (E): \$

PART IV. INCOME FROM ASSETS

Household Member Nbr	(F) Type of Asset	(G) Cash Value of Asset	(H) Annual Income from Asset

TOTAL (I) \$

(J) Total Annual Household Income from all Sources: [Add (E) + (I)] \$

PART V. DETERMINATION OF INITIAL INCOME ELIGIBILITY ONLY

Total Annual Household Income
from all Sources:
From Item (j). See page 1 \$

Current Application
Income Limit per Family Size
(Based on County Limits) \$ _____

Household Qualifies Under the following Income Restriction

30% 15%

For Initial Certification, Skip Part VI and
Complete Part VII, Section "A" Below.

PART VI. RECERTIFICATION OF INCOME ELIGIBILITY ONLY

Total Annual Household Income
from all Sources:
From Item (j). See page 1 \$

Current 15% Income Limit
per Family Size
(Based on County Limits) \$ _____

Current 30% Income Limit
per Family Size
(Based on County Limits) \$ _____

Does Household's Income Fall Below Current
30%
Income Limits?

YES NO

If YES, Complete Part VII, Section "A" ONLY

If NO, Complete Part VII, Section "B" ONLY

PART VII. TENANT RENT & ASSISTANCE CALCULATION

SECTION A

(1) Maximum Permissible
Landlord Rent
(From Published Schedule) \$

(2) Landlord's Approved Rent \$ _____

(3) TENANT'S
NEW RENTAL PAYMENT
(Based on IHDA Tenant Rent
Schedule) \$ _____

(4) Amount of Rental Assistance
(Line #2 minus Line #3) \$ _____

**SECTION B - For Households OVER
30% AMI at Annual Recertification.**

(1) Maximum Permissible
Landlord Rent
(From Published Schedule) \$

(2) Landlord's Approved Rent \$ _____

(3) Tenant's Current Payment \$ _____

(4) Current Amount
of Rental Assistance
(Line #2 minus Line #3) \$ _____

(5) Over Income Adjustment
(Line #4 Divided by 2) \$ _____

(6) Tenant's New Rental Payment
(Line #3 plus Line #5) \$ _____

PART VIII. HOUSEHOLD CERTIFICATION & SIGNATURES

I understand the information on this form is used to determine 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 are not receiving any other direct ongoing rental assistance.

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 rental assistance and/or lease agreement.

I understand that I have met the initial eligibility requirements for the Program, but will need to have final approval from the Local Administering agency and Landlord before I can be approved to become a tenant in a Program Unit.

_____ Signature of Head of Household	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)

PART VIII. SIGNATURE OF PREPAPER

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 for participation in the State's Rental Housing Support Program and is not receiving direct rental assistance from any other source.

_____ SIGNATURE OF PREPARER	_____ DATE	_____ PRINTED NAME, TITLE
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PART XI. SIGNATURE OF AUTHORIZED REPRESENTATIVE FOR APPROVAL

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 for participation in the State's Rental Housing Support Program and is not receiving direct ongoing rental assistance from any other source. I approve that this household can be further screened for tenancy and that the household must have approval from the Landlord after the final screening before a lease can be signed.

_____ SIGNATURE OF AUTHORIZED SIGNER	_____ DATE	_____ PRINTED NAME, TITLE
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PART XII. DEMOGRAPHIC DATA* (to be completed by applicant/tenant)

If you do not wish to answer these questions please check this box

**This demographic data will not be used to determine eligibility or acceptability. It will be used for State data collection purposes only. You are not required to fill out this information, but are encouraged to do so.*

Use the codes below to fill in the demographic information.

Household Member Nbr	Race	Ethnicity	Special Need
0			
1			
2			
3			
4			
5			
6			

****Race**

***** Ethnicity**

- | | |
|---|----------------------------|
| 1 – White | 1 – Hispanic or Latino |
| 2 – Black or African American | 2 – Non-Hispanic or Latino |
| 3 – American Indian or Alaskan Native | |
| 4 – Asian | |
| 5 – Pacific Island or Native Hawaiian | |
| 6 – Black or African-American and White | |
| 7 – American Indian or Alaskan Native and White | |
| 8 – Black or African American and American Indian or Alaskan Native | |
| 9 – Asian and White | |
| 10 - Two or more races and not listed above | |

****** Special Needs**

- | | |
|--|--------------------------------|
| 1 – Homeless or imminently at risk of becoming homeless | 4 – Developmental disabilities |
| 2 – Now or imminently at risk of living in institutional settings
because of the unavailability of suitable housing | 5 – Mental Illness |
| 3 – Physical disability | 6 – HIV/Aids |
| | 7 – Other |

INSTRUCTIONS FOR COMPLETING RHSP TENANT INCOME CERTIFICATION

This form is to be completed by either the owner, an authorized representative of the owner or the Local Administrating Agency (LAA). It is not meant to be an Apartment Application. The Project's on-site management staff will probably want to use a different form for that purpose.

Once approved, the LAA needs to fax this form to Rental Housing Support Program compliance staff within three (3) business days after completion and approval. RHS Program Fax: 312-832-2188.

Part I - Project Data

Check the appropriate box for Initial Certification (move-in), Annual Recertification (annual recertification), or Interim Recertification (recertification between annuals)

Rider to Lease Start Date Enter the date the Rider to Lease Starts

Effective Date Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.

Project Name Enter the name of the Project

County Enter the county in which the building is located.

Project Number Enter the Project Number

Address Enter the address of the Unit.

Unit Number Enter the Unit number.

Bedrooms Enter the number of bedrooms in the Unit.

Part II - Household Composition

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following coded definitions:

H	-	Head of Household	S	-	Spouse
A	-	Adult co-tenant	O	-	Other family member
C	-	Child	F	-	Foster child/adult
L	-	Live-in caretaker	N	-	None of the above

Enter the date of birth for each occupant.

If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

Part III - Annual Income

See Rental Housing Support Program manual for a complete definition of income plus instructions on verifying and calculating income, including acceptable forms of verification. This information has been drawn from the HUD Handbook 4350.3

To be completed by owner/management/LAA. From the verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

Column (A) Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.

Column (B) Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.

- Column (C) Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).
- Column (D) Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
- Row (E) Add the totals from columns (A) through (D), above. Enter this amount.

Part IV - Income from Assets

See the Rental Housing Support Program for a complete definition of assets plus instructions on verifying and calculating income from assets, including acceptable forms of verification. Much of the information is derived from the HUD 4350.3 manual. The RHS Program does not utilize the policy of imputing income from assets when the assets exceed \$5,000. The RHS Program only includes actual income from assets in its calculation of annual income.

To be completed by owner/management/LAA. From the verification forms obtained from each asset source, list the gross amount of income anticipated to be received during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

- Column (F) List the type of asset (i.e., checking account, savings account, etc.)
- Column (G) Enter the cash value of assets.
- Column (H) Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
- TOTALS (I) Add the total of Column (H).
- Row (J) Total Annual Household Income From all Sources Add (E) and (I) and enter the total

Part V – Determination of Initial Income Eligibility Only

To be completed by owner/management/LAA.

- Total Annual Household Income from all Sources Enter the number from item (J).
- Current Applicable Income Limit per Family Size (Based on County Limits) Enter the Current Income Limit for the household size. (Current Income Limits can be obtained on IHDA website at <http://www.ihda.org>, under the Rental Housing Support Program in the Multifamily Program section.)
- Household Qualifies under the following Income Restriction Check the appropriate box for the income restriction that the household falls under.

Part VI – Recertification of Income Eligibility Only

To be completed by owner/management/LAA.

- Total Annual Household Income from all Sources Enter the number from item (J).
- Current 15% Income Limit per Family Size (Based on County Limits) Enter the Current Income Limit for the household size. (Current Income Limits can be obtained on IHDA website at <http://www.ihda.org>, under the Rental Housing Support Program in the Multifamily Program section.)
- Current 30% Income Limit per Family Size (Based on County Limits) Enter the Current Income Limit for the household size. (Current Income Limits can be obtained on IHDA website at <http://www.ihda.org>, under the Rental Housing Support Program in the Multifamily Program section.)

Does Household's Income Fall
Below Current 30% Income Limits?

If the answer is yes, then proceed to Part VII, Section A. If not, proceed to Part VII,
Section B as tenant is over the income limits.

Part VII – Tenant Rent & Assistance Calculation

To be completed by owner/management/LAA.

SECTION A

For Households at 30% or below AMI

Maximum Permissible Landlord
Rent

Rent from IHDA's Published Schedule.

Landlord Approved Rent

Rent Taken from Development's Approved Rental Schedule.

Tenant's New Rental Payment

Amount listed on IHDA'S Tenant Rent Schedule
(Based on Household Annual Income).

Amount of Rental Assistance

Subtract Line # 3 from Line #2.

SECTION B

For Households above 30% of AMI at Annual Recertification for Transitional Period.

Maximum Permissible Landlord
Rent

Rent from IHDA's Published Schedule.

Landlord's Approved Rent

Rent Taken from Development's Approved Rental Schedule.

Tenant's Current Rental Payment

Taken from Current Lease.

Current Amount of Rental
Assistance

Subtract Line #3 from Line #2.

Over Income Adjustment

Divide Line # 4 by 2.

Tenant's New Rental Payment

Add Line # 3 and #5.

PART IX -HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Tenant Income Certification (add additional sheets to accommodate required signatures). For move-in, it is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification.

PART X - SIGNATURE OF OWNER/REPRESENTATIVE

It is the responsibility of the owner, the owner's representative or the LAA to sign and date this document immediately following execution by the resident(s).

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in the household income verification process.

These instructions should not be considered complete guide for RHS Program compliance. The responsibility for compliance with RHS Program regulations lies with the owner of the building(s) for which rental assistance is paid and the LAA.

Part VIII – Demographic Data

Enter the codes which apply to each household member. Completing this section is optional for the applicant/tenant and should only be completed during initial certification.