



PROGRAM BULLETIN #22-0704

TO: Developers, Owners and Management Agents representing Owner's interest in Housing Tax Credit Developments
RDC

FROM: Robert D. Collier, Senior Vice President of Program Compliance

DATE: April 7, 2022

SUBJECT: 2022 Housing Tax Credit Compliance Monitoring Requirements Updates

Attached please find information regarding changes affecting the Housing Tax Credit (HTC) Compliance Monitoring Program during the 2022 calendar year. The attached information was presented at our 2022 Affordable Housing Conference held recently on March 29-31st in Biloxi, Mississippi. The information noted on the document entitled "*Mississippi Home Corporation's 2022 Housing Tax Credit Compliance Monitoring Plan Summary of Updates*" is being forwarded to HTC developers, owners and management agents. Due to the important nature of the materials' content, we are forwarding to you a copy of the updated changes. All of the changes noted therein are outlined in detail in our 2022 Compliance Monitoring Plan. **Please note that the policies and procedures noted in release of the Compliance Monitoring Plan are effective May 1, 2022.** A copy of the updated Compliance Monitoring Plan can be downloaded from our website after April 30th at www.mshomecorp.com.

Upon your review of the attached information, should you have any questions, please contact the Compliance Monitoring Division at 601-718-4642 or compliance.htc@mshc.com.

Enclosures: 2022 HTC CMP Summary of Updates
2022 Territory Map
Deeper Targeting Set-Aside Log
Affidavit of Marital Status
HTC Eligibility Application
Non-Employment Affidavit
Notice of General Partner/LLC Member/Property Management Change
Quarterly Compliance Status Report
Special Needs Population Log
Student and Rent Declaration

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IMPORTANT NOTICE: Included in this publication is a summary of major changes and/or examples to the HTC Compliance Monitoring Plan. Minor updates, additions, clarifications, grammatical errors have not been identified in this summary.

CHAPTER 3: STATE REQUIREMENTS

3.3A(4D) Housing for Persons Targeted by Mississippi Affirmative Olmstead Initiative (MAOI) - page 43
Verbiage added to indicate documentation should be maintained in the files for MAOI population.

CHAPTER 7: COMPLIANCE REPORTING AND ADMINISTRATIVE RESPONSIBILITIES

7.5B Compliance Training - page 128
Verbiage changed from three years to five years regarding LIHTC training requirements.

FORMS

New: *Deeper Targeting Set-Aside Log*

Revised: *Affidavit of Marital Status*
HTC Eligibility Application
Non-Employment Affidavit
Notice of General Partner/LLC Member/Property Management Change
Quarterly Compliance Status Report
Special Needs Population Log
Student and Rent Declaration



MISSISSIPPI HOME CORPORATION

Deeper Targeting Set-Aside Log

Project Name/Number:

Reporting Period:

Directions: In the spaces below, identify all households qualified for deeper income targeting set-aside as obligated by owner in the HTC application. Please use additional sheets as needed.

	Resident's Name	Unit Number	Move in Date	Move Out Date	Population Type	Deeper Targeting Set Aside
1					Select One	Select One
2					Select One	Select One
3					Select One	Select One
4					Select One	Select One
5					Select One	Select One
6					Select One	Select One
7					Select One	Select One
8					Select One	Select One
9					Select One	Select One
10					Select One	Select One
11					Select One	Select One
12					Select One	Select One
13					Select One	Select One
14					Select One	Select One
15					Select One	Select One
16					Select One	Select One
17					Select One	Select One
18					Select One	Select One
19					Select One	Select One
20					Select One	Select One
21					Select One	Select One
22					Select One	Select One
23					Select One	Select One
24					Select One	Select One
25					Select One	Select One
26					Select One	Select One
27					Select One	Select One
28					Select One	Select One
29					Select One	Select One
30					Select One	Select One

AFFIDAVIT OF MARITAL STATUS

Household Name: _____ Unit#: _____

Applicant/ Resident Name: _____ Spouse's Name: _____

If your marital status is anything other than "never married", this form must be completed.

Part I, II, and III must be completed. Part III does not apply IF widowed. Choose and complete the appropriate statement below:

Part I: Marital Status

1. I am the widow or widower of _____, who has been deceased since _____.
 I am receiving survivor benefits such as Social Security, retirement/pension, etc. in the amount of _____.
 I am **not** receiving survivor benefits such as Social Security, retirement/pension, etc.
2. I am currently legally separated or divorced from my spouse effective as of _____. (A copy of the legal separation agreement or divorce decree must be attached.)
3. I am currently, but not legally, separated from my spouse. I began the legal process on _____ (date) and I anticipate this separation to be permanent.
4. I am currently, but not legally, separated from my spouse effective _____ (date) and I have not begun the legal process for the following reason(s):
 Financial reasons Spouse's location is unknown Incarceration/ Protective Custody
 Other (explain): _____
5. Never married

Part II: Financial Support

- I am currently receiving or anticipate receiving \$ _____ per _____ (frequency) from my spouse during the next 12 months.
- I am not currently and do not seek or anticipate receiving any compensation from my spouse during the next 12 months for the following reasons _____

Part III: Leasing

I certify that should my spouse rejoin the household within the initial lease term I will notify management immediately and that the entire household will need to be re-evaluated for eligibility. _____ (initial)

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of Section 42 or Section 515 housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

SIGNATURE OF APPLICANT/TENANT

DATE

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

- Initial
 Recertification

**MHC HOUSING TAX CREDIT
 ELIGIBILITY APPLICATION**

_____ Move-in Date
 \$ _____ Rent Amount

Property Name _____
 Address _____ Unit # _____
 City, State _____ # of Bedrooms _____

APPLICANT/ TENANT INFORMATION

Full Name _____ Home Phone # _____
 Street Address _____ Other Phone # _____
 City, State and Zip _____ Email _____
 Rent /Own _____ How Long? _____

HOUSEHOLD COMPOSITION

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant.
Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.

	HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	MARITAL STATUS NM= NEVER MARRIED SP=SEPARATED D=DIVORCED W=WIDOWED	DATE OF BIRTH	HAS/WILL THIS PERSON BE A STUDENT* DURING THIS AND/OR THE UPCOMING CALENDAR YEAR? YES/NO IF YES, PART-TIME (PT) OR FULL-TIME (FT)	SOCIAL SECURITY NUMBER
1		HEAD				
2						
3						
4						
5						
6						
7						
8						

* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

Do all of the above household members reside in the household 100% of the time? (Y/N) _____ If no, please list the household members that do not live in the household 100% of the time: _____
 Anticipated changes in the household size within the next 12 months? (Y/N) _____ If Yes, explain _____
 Anticipated change in number of students within the next 12 months? (Y/N) _____ If Yes, explain _____
 Current Marital Status: Single ____ Married ____ Divorced ____ Separated ____ Widowed ____ Date of divorce/separation: _____

- If every household member listed above is indicated as a full-time (FT) student, please answer the following questions: Circle One
- a. Does the household receive assistance of Title IV of the Social Security Act? (AFDC/TANF) Yes No
- b. Are any full-time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or similar Federal, State, or local programs? Yes No
- c. Are any full-time students married and filing or entitled to file a joint tax return? Yes No
- d. Is the household comprised entirely of a single parent & child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent? Yes No
- e. Was previously under the care and placement responsibility of the state agency responsible for administer foster care? Yes No

HOUSEHOLD INCOME INFORMATION

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. Include all full time, part time or seasonal income even if completing this application in the off-season.

DO YOU RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 3.):

YES	NO		Gross Monthly Amount
		1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.)	\$
		2. Does any member work for someone who pays them in cash or is self-employed.	\$
		3. Regular pay for a member of the armed forces	\$
		4. Public Assistance (TANF/GA) (Exclude SNAP).	\$
		5. Worker's compensation	\$
		6. Unemployment benefits or severance pay	\$
		7. Student financial assistance (public or private, not including student loans)	\$
		8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)	\$
		9. Alimony/Spousal Maintenance	\$
		10. Social Security income (including unearned income of minor children)	\$
		11. Disability benefits including social security disability	\$
		12. Regular payments from pensions (PERA, railroad, etc.)	\$
		13. Regular payments from retirement benefits	\$
		14. Death Benefits	\$
		15. Regular payments from annuities or life insurance dividends	\$
		16. Regular payments from inheritance, insurance settlement, lottery winnings, etc.	\$
		17. Net income from rental property	\$
		18. Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)	\$
		19. Other (list) _____	\$
		20. Other (list) _____	\$

HOUSEHOLD ASSET INFORMATION

Yes	No	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	CURRENT BALANCE
		21. Checking Accounts (6 month average balance)	\$
		22. Savings Accounts	\$
		23. Money in an online account/ app such as PayPal, Venmo, SquareCash, etc.	\$
		24. Pay Card (e.g. Direct Express debit card, payroll deposit card, etc.)	\$
		25. Stocks	\$
		26. Capital Investments	\$
		27. Bonds	\$
		28. Trusts*	\$
		29. Securities	\$
		30. Whole Life Insurance Policy (do not include term life insurance)	\$
		31. 401K*	\$
		32. IRA/KEOGH Accounts	\$
		33. Certificates of Deposit	\$
		34. Pension/Retirement/Annuity accounts	\$
		35. Money Market Funds	\$
		36. Treasury Bills	\$
		37. Safety Deposit Box	\$
		38. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains)	\$
		39. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
		40. Other _____	

*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

Yes	No		Value
<input type="checkbox"/>	<input type="checkbox"/>	41. Do you now own Real Estate? If yes, list address(es): _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	42. Do you hold a contract for deed?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	43. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	44. Are any assets held jointly with another person? List person and asset(s). _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Is combined cash value of all household assets over \$5,000? If yes, 3rd party verification of assets is required.	

EMPLOYMENT INFORMATION

Current Employer Name _____		Title _____	
Address _____		Date of Hire _____	
City, State and Zip _____		Monthly Gross Wage \$ _____	
Supervisor _____	Phone _____	Fax _____	
Additional Employer Name _____		Title _____	
Address _____		Date of Hire _____	
City, State and Zip _____		Monthly Gross Wage \$ _____	
Supervisor _____	Phone _____	Fax _____	
Previous Employment _____		Title _____	
Address _____		Phone _____	
City, State and Zip _____		Fax _____	
From _____	To _____		

DO NOT LEAVE THIS SECTION BLANK.
From 2-42, income and assets above, provide contact information for all "YES" checked items. All information must be verified.
(If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source	Contact Name & phone/fax number

Please attach documentation available to verify income (i.e., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

I/We hereby certify that I/we

Have **Have not**

		sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value must be identified below.
--	--	--

Household Member	Asset & Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

MISCELLANEOUS

The following questions pertain to yourself and every member of your household who will occupy the unit. Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?

Explanation:

EMERGENCY CONTACT

Emergency Contact Name _____	Relationship _____
Address _____	Cell/Home Phone _____
City, State and Zip _____	Home/Work Phone _____

SIGNATURES

I/we hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation in this application might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____

This applicant/resident required assistance in completing the eligibility application due to: _____

Assistance in completing this application was provided by: _____ Date: _____

NON-EMPLOYMENT AFFIDAVIT

To be completed by any adult household member, including emancipated minors, who claim non-employment status and/or income.

TENANT/APPLICANT: _____ UNIT NO: _____
DEVELOPMENT NAME: _____

DIRECTIONS: Section I and II must be completed by each adult household member. Please select all that applies.

Section I

1. I am not currently employed in any capacity and do not anticipate the change in my status.
2. I am not currently employed in any capacity; however, I anticipate becoming employed in the next 12 months. (Please check one)
- A. I have been offered a position with _____ (employer) that will begin _____ (date)
- B. I am seeking employment as a _____ (position) and I anticipate earning \$ _____ per _____ (frequency).

My anticipated income is supported by (check all that applies):

- Written confirmation from my new employer (Offer letter)
- Previous tax return
- Previous job pay stub/ salary history (If within the same industry)
- Three current employment advertisements showing average compensation for a similar position
- Other: _____

Section II

I attest that the following is true regarding benefits related to my unemployment: (Please check one)

- I am currently receiving unemployment benefits.
- I am not currently receiving but do **anticipate** receiving unemployment benefits or other benefits.
- I am not currently receiving and do **not** anticipate receiving unemployment benefits or other benefits.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my lease agreement.

Tenant/ Applicant Signature

Date

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

MHC Rev. 03/2022



MISSISSIPPI HOME CORPORATION

Notice of General Partner/LLC Member/Property Management Change

Please indicate type of change.

General Partner(s) in Limited Partnership/Members in Limited Liability Company

Property Management Effective date of Change: _____

Project Number:	_____
Project Name:	_____
Project Address:	_____

Old Information

Organization Name:	_____
Tax I.D. Number:	_____
Address:	_____

Contact Person:	_____
Telephone Number:	_____

New Information

Organization Name:	_____
Tax I.D. Number:	_____
Address:	_____

Contact Person:	_____
Telephone Number:	_____

Printed Name

Date

Signature

Title

Quarterly Compliance Status Report

REPORTING PERIOD: Jan. 1- March 31 April 1- June 30 July 1- Sept. 30 Oct. 1- Dec. 31 **REPORT YEAR:** _____

I. DEVELOPMENT INFORMATION

Development No.: _____ Development Name: _____

II. OCCUPANCY SUMMARY DATA

Federal Minimum Set Aside: 40/60 20/50 State Set Aside: 15/30 20/50 10/30

Total No. of Residential Buildings: _____ Targeted Applicable Fraction: _____

Date First Building Placed-In-Service: _____ Anticipated/ First Credit Year: _____

Are there buildings which will not begin its credits in the same "Anticipated/First Credit Year"? _____ If Yes, please identify the BINs and the anticipated credit year for each. _____

All buildings will be treated as: Separate Individual Projects Part of a Multiple Building Project¹ Both¹

Total No. of Units: _____ Total Occupied Low-Income (LI) Units: _____ Total No. of Vacant LI Units: _____

Total No. of Empty Units: _____ Total No. of Staff Units: _____ Total No. of Market Units: _____

Total No. of Units Occupied by Veterans²: _____ Total No. of Units Occupied by Persons with Disabilities²: _____

Total No. of Units Occupied by Elderly²: _____ Total No. of Units Occupied by homeless²: _____

Total No. of Units Occupied by Disabled Persons targeted by MAOI²: _____

COMMUNITY SERVICE STATUS

Has the community services been provided in accordance with the QAP and applicable HTC application? Yes No

If no, please provide an explanation: _____

If yes, please provide the details of the event(s)/service(s) below. Submit support documentation (i.e. sign-in sheets, etc.).

Date	Service Topic(s)	Organization Conducting Class	# of Participants

DEVELOPMENT BASED RENTAL ASSISTANCE *(Provided through owner subsidy or public housing authority contract)*

Required? Yes No Date of First Subsidy Payment: _____

Month: _____ No. of Units Assisted³: _____ Amount of Credit Provided: \$ _____

Month: _____ No. of Units Assisted³: _____ Amount of Credit Provided: \$ _____

Month: _____ No. of Units Assisted³: _____ Amount of Credit Provided: \$ _____

ACKNOWLEDGEMENT AND CERTIFICATION

I hereby certify that the above information is true and accurate.

Owner Contact Name (Print): _____ Prepared by: _____

Owner Signature: _____ Date: _____

1. Attach multiple building election statement identifying the buildings in each project. 2. Attached the Special Needs Population Log. 3. Attach ORA Lease Addendum.

MISSISSIPPI HOME CORPORATION

SPECIAL NEEDS POPULATION LOG

Project Name/Number:

Reporting Period:

Directions: In the spaces below, identify all households qualified for a special needs unit obligated by owner in the HTC application. Please use additional sheets as needed.

	Resident's Name	Unit Number	Move in Date	Move Out Date	Population Type	Deeper Targeting Set Aside for Special Needs
1					Select One	Select One
2					Select One	Select One
3					Select One	Select One
4					Select One	Select One
5					Select One	Select One
6					Select One	Select One
7					Select One	Select One
8					Select One	Select One
9					Select One	Select One
10					Select One	Select One
11					Select One	Select One
12					Select One	Select One
13					Select One	Select One
14					Select One	Select One
15					Select One	Select One
16					Select One	Select One
17					Select One	Select One
18					Select One	Select One
19					Select One	Select One
20					Select One	Select One
21					Select One	Select One
22					Select One	Select One
23					Select One	Select One
24					Select One	Select One
25					Select One	Select One
26					Select One	Select One
27					Select One	Select One
28					Select One	Select One
29					Select One	Select One
30					Select One	Select One

STUDENT AND RENT DECLARATION

To be used in place of annual recertification process once a household has completed the initial certification process as required.

Effective Date: _____ Move-in Date: _____
 Development Name: _____ Building ID #: _____
 Household Name: _____ Unit #: _____ Unit Size: _____
 Unit Designation 50% 60%

PART I: STUDENT STATUS

Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YY)	Age	Student Status (Full-time, Part-time, No)
		HEAD			
Total # of HH Mbrs =					

Has your household composition changed resulting in the vacancy of all original members? Yes No

Does your household contain all full-time students who have attended an educational institution for five or more months during the current and/or upcoming calendar year (months need not be consecutive)? Yes No

If yes, please indicate student qualifying exception and attach documentation:

- | | |
|---|---|
| <input type="checkbox"/> TANF Assistance | <input type="checkbox"/> Job Training Program |
| <input type="checkbox"/> Single parent/dependent child | <input type="checkbox"/> Married/joint return |
| <input type="checkbox"/> Former Foster Care participant | <input type="checkbox"/> None of the above |

I agree to notify management immediately if our household student status/household composition changes. I understand that changes in my household's student status/composition may affect my household's eligibility to participate in this program.

PART II: RENT

Effective Date	Tenant Paid Rent	Utility Allowance	Non-Optional Charges	Rental Assistance	Owner Rental Assistance	Gross Rent	Max. Rent Limit	Mgr and Tenant Initials*

**NOTE: Gross Rent changes supported by a HAP contract do not require manager or tenant initials.*

I hereby acknowledge that my net rent contribution has been reduced by the amount of the owner-based rental assistance.
 _____ (Please initial if applicable)

I certify under penalties of perjury that the above information is true and complete to the best of my knowledge and belief. I understand that false or incomplete income information is a violation of the terms of my lease and can be grounds for eviction.

Tenant's Signature: _____	Date: _____
Tenant's Signature: _____	Date: _____
Tenant's Signature: _____	Date: _____
Tenant's Signature: _____	Date: _____
Manager's Signature: _____	Date: _____

**INSTRUCTIONS FOR COMPLETING
Student and Rent Declaration**

Effective Date	Enter the effective date of the certification.
Move-in Date	Enter the date the household took occupancy of the unit.
Development Name	Enter the name of the development.
Building ID #	Enter the building identification number assigned by the IRS Form 8609.
Household Name	Enter the full name of the Head of Household.
Unit #	Enter the unit number.
Unit Size	Enter the number of bedrooms in the unit.
Unit Designation	Check the appropriate rent restriction that the unit meets according to what is required by the set-aside(s) for this project.

PART I- STUDENT STATUS

List all occupants of the unit. State each household member's relationship to the head of household, the date of birth, age, and student status for each occupant.

Total No. of Household members: Total up the number of household members listed above. This is the total number of occupants in the unit. This number should also match the applicable lease agreement. If there are more than 5 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

PART II- RENT

Please list the current rent effective at certification and every gross rent change prior to the next scheduled certification.

Effective Date	Enter the effective date of the current rent and rent change.
Tenant Paid Rent	Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8 and FmHA).
Utility Allowance	Enter the utility allowance. If the owner pays all utilities, enter zero.
Other non-optional charges	Enter the amount of <u>non-optional</u> charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.
Rental Assistance	Enter the amount of rent assistance, if any. If no rental assistance is given, insert "0".
Owner Rental Assistance	Enter the amount of rent assistance that is provided by the owner, if any. If owner-based rental assistance is given, insert "0".
Gross Rent	Enter the total of Tenant Paid Rent plus Utility Allowance, and other non-optional charges.
Max. Rent Limit	Enter the maximum allowable gross rent for the unit. Maximum gross rent is the rental amount listed on the applicable Income & Rent Limits Chart issued by MHC and effective for this certification period.
Mgr and Tenant Initial	Both the manager and the tenant(s) should initial each rent line. Gross Rent changes supported by a HAP contract do not require manager or tenant initials.

If the household receives owner rental assistance, please have the tenant(s) initial acknowledging that the contract rent was decreased by the amount specified.

CERTIFICATION AND SIGNATURES

Each household member age 18 or older, including emancipated minors, must sign and date the Student and Rent Declaration form.

The manager/ owner representative should sign and date this document immediately following execution by the resident(s).