

# Tenant Annual Self-Certification

Effective Date:	
Move In Date:	

This form to be used at properties not required to recertify.

## PART I - DEVELOPMENT DATA

Property Name:		County:		BIN#:	
Address:		Unit Number:		# of Bedrooms:	

## PART II - HOUSEHOLD INFORMATION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	FT Student (Y or N)	Last 4 Digits of Soc Sec
1			Head of Household			
2						
3						
4						
5						
6						
7						
8						

In order to qualify for self-certification, at least one person listed above must have lived in the household at move in. Please list at least one person who is listed on the original TIC:

\_\_\_\_\_

## PART III. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete a DCA Student form and attach documentation	*Student Explanation: 1. TANF 2. Job Training Program 3. Single parent/dependent child 4. Married/joint return 5. Former foster care participant
Enter 1 - 5: _____		

## PART IV - GROSS ANNUAL INCOME

Total Household Annual Income \$ _____	If requested, I will provide source documents <input type="checkbox"/>	Initial Here _____
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## PART V. RENT

Tenant Paid Rent: _____	Rent Assistance: _____
Utility Allowance: _____	Other non-optional charges: \$ _____ 0.00
GROSS RENT FOR UNIT: _____ (Tenant paid rent plus Utility Allowance & other non-optional charges)	Maximum Rent Limit for this unit: _____

## HOUSEHOLD CERTIFICATION & SIGNATURES

The information on this form will be used to determine Maximum 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 agree to notify the landlord immediately upon any member becoming a full time student.

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 _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____

## OWNER CERTIFICATION

I have reviewed and verified where needed the information presented in this form in accordance with the requirements of the HOME/HTF programs and the provisions of any applicable deed restrictions. I am confident that the tenant understands the intent of the certification and the penalty for misrepresenting any information. To the best of my knowledge, the information presented on this form is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

