

HOME Investment Partnerships Program

Household Self-Certification of Eligibility

Property Name: _____

Household Name: _____

Household Bldg/Unit: _____

Recertification Effective Date: _____

NOTICE: Your housing was assisted with Federal funds. Therefore, on an annual basis, this agency must provide a certification of the number of people residing in each unit and of the residents' household income to the HOME Investment Partnerships Program Participating Jurisdiction (PJ). Please PROMPTLY complete this certification and deliver it to the Management Office. Thank you for your cooperation in this matter.

HOUSEHOLD COMPOSITION INFORMATION: Residents, complete this self-certification in your own handwriting. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each household member to the head of household. Indicate if any member is or will be a part-time/full-time student in the next 12 months. Each household member age 18 years or older and under age 18 if head, spouse, or cohead of household must disclose income and assets and sign and date this self-certification.

Household Member #	Household Member's Name <small>(Last, First, MI)</small>	Relationship <small>(co-head, spouse, dependent, other adult, foster child or adult, live-in aide, etc.)</small>	Birth Date <small>(mm/dd/yy)</small>	*Student <small>(Part-time, Full-time, N/A - Not a Student)</small>	**Disabled <small>(Y/N)</small>
1		Head			
2					
3					
4					
5					
6					

***NOTE FOR RESIDENTS:** Each household member over the age of 18 that are a full-time or part-time students, must meet one of the following exemptions. Check all that apply:

- over age 24 legally married has legal dependent (child or parent) living with parents/guardian
- disabled and receiving Section 8 assistance since 11/30/2005 veteran of the U.S. Armed Forces
- orphan, in foster care, or a dependent/ward of the court after age 18 parents eligible/receiving Section 8 assistance
- graduate or professional student (working on a master's or doctorate degreesuch as M.A., B.M.A, Ph.D.)
- lived independent of parents at least 1-year and not claimed on their most recent tax return

****Note for Administrator:** the "Disabled" column is not required and only provided if deductions under adjusted income at 24 CFR 5.611 will be applied for tenant-based rental assistance programs.

INCOME FROM ASSETS: Residents, list for each household member, any asset types held by the members, the cash value and the annual interest or dividends earned. Annual income includes income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested. If the asset does not generate income, report zero. If the member does not have assets, enter not applicable (N/A).

Household Member #	Type of Asset	[1]	[2]
		Cash Value of Asset	Annual Income from Assets
	Enter a description of the assets (e.g., checking, savings, mutual funds, money market, equity in rental property, 401(K), stocks, bonds, treasury bills, certificate of deposit, annuities, revocable trust, mortgages or deed of trust, whole life insurance policy, lump sum- inheritance, lottery winnings, insurance settlements, personal property held as an investment (e.g., antiques, gems, etc.))	Enter the cash value (market value minus the cost of converting the asset to cash) of the respective asset. Remember if you are reporting a total of five (5) Certificates of Deposit, this would be the cash value of all five (5) C/Ds.	Enter the annual income from the assets. Again, if you're reporting five (5) Certificates of Deposit, this would be the total anticipated annual income from all five (5) C/Ds.
1		\$	\$
2		\$	\$
3		\$	\$
4		\$	\$
5		\$	\$
6		\$	\$
TOTALS		\$	\$

ANNUAL INCOME: Residents, list for each household member, the gross annual amount (earned and unearned) of all current and anticipated sources of income for the twelve-month period beginning on the effective date of recertification. Gross amount is defined as the amount received before any deductions. If the member does not have the described income type, enter not applicable (N/A).

Household Member #	[3]	[4]	[5]	[6]
	Employment/Wages	Benefits/Pensions	Public Assistance	Other Income
	Enter wages, salaries, tips, bonuses, commissions, and other income from employment; net income from a business (includes "app" or "gig" work such as Etsy, Amazon, Uber, Lyft, Instacart, Grubhub, etc.)	Enter Social Security, Supplemental Security Income, pensions, military retirement, etc.	Enter income received from public assistance such as MFIP, GA, disability, etc. (excluding food support)	Enter alimony, child support, unemployment, regular cash and non-cash assistance with paying bills or gifts from individuals not living in the unit (excluding groceries), and any other income regularly received
1				
2				
3				
4				
5				
6				
TOTALS	\$	\$	\$	\$

RESIDENT CERTIFICATION: I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administrator to document my/our household income.

Signature: _____ Date: _____ Signature: _____ Date: _____
 Signature: _____ Date: _____ Signature: _____ Date: _____
 Signature: _____ Date: _____ Signature: _____ Date: _____

The Resident/s required assistance in completing this Household Self-Certification of Annual Income due to the following:
 Assistance provided by: _____ Date: _____

**HOME Investment Partnerships Program
Determination of Eligibility**

HOME INVESTMENT PARTNERSHIP PROGRAM - DETERMINATION OF INCOME ELIGIBILITY:

Enter total from [1] Cash Value of Assets: \$ _____
If the total of [1] Cash Value of Assets is greater than \$5000,
multiply by .06% (Passbook Rate) and enter results here: \$ _____
Enter total from [2] Annual Income from Assets: \$ _____
From the above enter the greater of here: \$ _____
Enter total of [3] Employment/Wages: \$ _____
Enter total of [4] Benefits/Pensions: \$ _____
Enter total of [5] Public Assistance : \$ _____
Enter total of [6] Other Income: \$ _____
TOTAL ANNUAL HOUSEHOLD INCOME : \$ _____
CURRENT MAXIMUM HOME INCOME LIMIT FOR HOUSEHOLD SIZE: \$ _____
HOUSEHOLD MEETS HOME INCOME RESTRICTION AT:
(30% | 50% | 60% | 80%) _____
HOME 80% Income Limit: \$ _____
HOUSEHOLD INCOME EXCEEDS 80% AT RECERTIFICATION:
(YES | NO) _____

HOME INVESTMENT PARTNERSHIP PROGRAM - DETERMINATION OF HOME RENT:

Tenant Paid Rent (TPR): \$ _____
Utility Allowance (UA): \$ _____
TBA or PBA: _____
Rent Assistance (RA): \$ _____
ntal Assistance Source: _____
Other non-optional charges and mandatory fees: \$ _____
GROSS RENT FOR UNIT: \$ _____
(TPR + UA + RA + other non-optional charges)
HOME MAXIMUM RENT LIMIT FOR THIS UNIT: \$ _____
MEETS HOME DESIGNATED RENT RESTRICTION AT:
(LOW HOME | HIGH HOME) _____

HOME INVESTMENT PARTNERSHIP PROGRAM - DETERMINATION OF HOME STUDENT STATUS:

Are ANY occupants age 18 years or older students? *Student Explanation
 Yes No Is not enrolled in higher education Is married
If yes, choose a Student Explanation* Is age 24 or older Is a veteran of the US Military
and attach documentation Is a person with disabilities Has a dependent child(ren)
 Is individually eligible for Sec 8 or has a parent(s) eligible for Sec 8

HOME INVESTMENT PARTNERSHIP PROGRAM - SIGNATURE OF OWNER/REPRESENTATIVE:

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named on PAGE 1 of the attached Household Self-Certification are eligible under the provisions of the HOME Investment Partnerships Program, as amended, and the HOME Declaration, to live in a HOME assisted unit in this Project.

Signature of Owner/Representative: _____ Date: _____