

ELIGIBILITY CERTIFICATION

Re:                    Apartments  
                             , Alabama

Date: \_\_\_\_\_

I/We, the undersigned, being first duly sworn, state that I/we have read and answered fully and truthfully each of the following questions for all persons who are to occupy the unit in the above apartment development for which application is made, all of whom are listed below:

1.	2.	3.	4.	5.
<u>Name of Members of the Household</u>	<u>Relationship to Head of Household</u>	<u>Age</u>	<u>Social Security Number</u>	<u>Place of Employment</u>
_____	(HEAD)	_____	_____	_____
_____	(SPOUSE)	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tenant or tenants to whom this certificate relates do not qualify as Lower-Income Tenants, as defined in the Regulatory Agreement, the information in paragraphs 6, 7 and 8 need not be provided.

6. The anticipated income of all the above persons during the 12-month period beginning the date set forth above:

(a) including all wages and salaries, over-time pay, commissions, fees, tips and bonuses before payroll deductions, and other compensation for personal services; net income from the operation of a business or profession or from the rental of real or personal property (without deducting expenditures for business expansion or amortization of capital indebtedness); interest and dividends; the full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts; payments in lieu of earnings, such as unemployment and disability compensation, workmen's compensation and severance pay; the maximum amount of public assistance available to the above persons; periodic and determinable allowances, such as alimony and child support payments and regular contributions and gifts received from persons not residing in the dwelling; and all regular pay, special pay and allowances of a member of the

Armed Forces (whether or not living in the dwelling) who is the head of the household or spouse, but

(b) excluding income from employment of children under the age of 18 years; casual, sporadic or irregular gifts; amounts that are specifically for or in reimbursement of medical expense; lump sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and workmen's compensation), capital gains and settlement for personal or property losses; amounts of education scholarships paid directly to the student or the educational institution, and amounts paid by the government to a veteran for use in meeting the costs of tuition, fees, books and equipment, but in either case only to the extent used for such purposes; special pay to a serviceman head of a family who is away from home and exposed to hostile fire; and foster child care payments, is as follows:

\$ \_\_\_\_\_, and the anticipated income, if any, for each minor listed above is as follows:

<u>Name</u>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

7. If any of the persons described above (or whose income or contributions were included in item 6) has any savings, bonds or equity in real property or other form of capital investment, provide:

(a) the total value of all such assets owned by all such persons: \$ \_\_\_\_\_,

(b) the amount of income expected to be derived from such assets in the 12-month period commencing this date: \$ \_\_\_\_\_, and

(c) the amount of such income which is included in paragraph 6: \$ \_\_\_\_\_.

8. (a) Will all of the persons listed in columns 1-5 above be or have they been full-time students during five calendar months of this calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

Yes \_\_\_\_\_ No \_\_\_\_\_

(b) Is any such person (other than nonresident aliens) married and eligible to file a joint federal income tax return?

Yes \_\_\_\_\_ No \_\_\_\_\_

(c) Does the household consist of a single parent(s) and their minor child(ren)?

Note: The parent nor the child(ren) can be a dependent of another third party living outside the residence.

Yes \_\_\_\_\_ No \_\_\_\_\_

(d) Does one member of the household receive assistance under Title IV of the Social Security Act (i.e., AFDC, TANF assistance)?

Yes \_\_\_\_\_ No \_\_\_\_\_

(e) Has any member of the household received assistance under Title IV of the Social Security Act Parts B or E at any time prior to aging out of the system?

Yes \_\_\_\_\_ No \_\_\_\_\_

(f) Is any member of the household enrolled in a job training program and receiving assistance through The Job Training Partnership Act or similar federal, state or local laws?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. The total adjusted gross income of the persons listed in column 1 above as reported on the most recent federal income tax return(s) of such persons was: \$\_\_\_\_\_.

We acknowledge that the information on this form is to be used to determine maximum income for eligibility. We have provided, for each person set forth in column 1, an Employment Verification of current anticipated annual income if the occupant is currently employed, and, if not employed, copies of their most recent federal income tax return, if a return was filed for the most recent year. We acknowledge that all of the above information is relevant to the status under federal income tax law of the interest on bonds issued to finance acquisition, construction and installation of the Project for which application is being made. We consent to the disclosure of such information to the issuer of such bonds, the holders of such bonds, any trustee acting on their behalf and any authorized agent of the Treasury Department or Internal Revenue Service. We also agree to update the information contained herein on an annual basis by submitting new eligibility certifications to the Owner on such dates as it shall specify.

We certify that the statements above are true and complete to the best of our knowledge and belief and are given under the penalty of perjury.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Spouse

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
in and for the State of Alabama

[SEAL]

My Commission Expires: \_\_\_\_\_

FOR COMPLETION BY OWNER ONLY:

1. Calculation of eligible income:

(a) Enter amount entered for entire household in 6 above:

\$ \_\_\_\_\_.

(b) If the amount entered in 7(a) above is greater than \$5,000, enter the greater of (i) the amount entered in 7(b) less the amount entered in 7(c) or (ii) the current HUD approved passbook rate times the amount entered in 7(a) less the amount entered in 7(c): \$ \_\_\_\_\_.

(c) TOTAL ELIGIBLE INCOME (Line 1(a) plus line 1(b)):

\$ \_\_\_\_\_.

2. The number of persons within the household is \_\_\_\_\_. Based on the income limit schedule most recently published by the U.S. Department of Housing and Urban Development, the income limit, adjusted for family size, applicable to the household is \$ \_\_\_\_\_.

3. The amount entered in 1(c) is:

\_\_\_\_\_ Equal to or less than the income limit set forth in 2 above.

\_\_\_\_\_ More than the income limit set forth in 2 above.

4. Number of apartment unit assigned: \_\_\_\_\_.

5. Monthly rent: \$ \_\_\_\_\_.

6. This apartment unit [was/was not] last occupied for a period of 31 consecutive days by a person or persons whose adjusted income, as certified in the above manner, was equal to or less than the amount at which a person would have qualified as a Lower-Income Tenant under the terms of the Regulatory Agreement.

7. Applicant:

Yes                      No

\_\_\_\_\_                      \_\_\_\_\_                      Qualifies as a Lower-Income Tenant

\_\_\_\_\_  
Manager