RESIDENT INCOME CERTIFICATION – Rental

**Florida Housing Finance Corporation**

**State Housing Initiatives Partnership (SHIP) Program**

|  |  |  |  |
| --- | --- | --- | --- |
| Effective Date: |  | Allocation Year: |  |

A. **Certification Information** (select one)

|  |  |  |
| --- | --- | --- |
| a. |  | Initial Certification |
| b. |  | Annual Recertification |

B. **Subsidy Use** (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Multifamily Rental |  | Direct Rental Assistance |
|  | Transitional Housing |  | Homeless Prevention |
|  | Security and Deposits |  | Other |

C. **Household Information:** Include all household members

|  |  |  |  |
| --- | --- | --- | --- |
| **Member** | **Full Name** | **Relationship**  **to Head**  **to** | **Age** |
| 1 |  | HEAD |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

D. **Assets**: All household members including assets owned by minors

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Member** | **Asset Description** | | **Cash Value** | | | **Income from Assets** | |
| 1 |  | |  | | |  | |
| 2 |  | |  | | |  | |
| 3 |  | |  | | |  | |
| 4 |  | |  | | |  | |
| 5 |  | |  | | |  | |
| 6 |  | |  | | |  | |
| 7 |  | |  | | |  | |
| 8 |  | |  | | |  | |
| Total Cash Value of Assets | | D(a) | $ |  | |  | |
| Total Income from Assets | | | | | **D(b)** | $ |  |
| If line D(a) is greater than $50,000: Add the income from any assets for which actual income can be calculated, then calculate the imputed income for the assets where actual income cannot be calculated.  To calculate imputed income, multiply the amount of assets where actual income cannot be calculated by the HUD specified rate (.40%).   Combine both amounts and enter results in D(c), which must be counted on page two alongside other sources of household income. | | | | | D(c) | $ |  |

E. **Anticipated Annual Income**: Includes unearned income and support paid on behalf of minors.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Member** | **Wages / Salaries (include tips, commission, bonuses and overtime)** | **Benefits / Pensions** | **Public Assistance** | **Other Income** | **\*Asset Income** | |
| 1 |  |  |  |  | (Enter the | |
| 2 |  |  |  |  | greater of | |
| 3 |  |  |  |  | **box D(b)** | |
| 4 |  |  |  |  | or | |
| 5 |  |  |  |  | box D(c), | |
| 6 |  |  |  |  | above, | |
| 7 |  |  |  |  | in box **E(e)** | |
| 8 |  |  |  |  | below) | |
|  | **(a)** | **(b)** | **(c)** | **(d)** | **(e)** | |
| Totals |  |  |  |  |  | |
| Enter total of items E(a) through E(e). This amount is the **Annual Anticipated Household Income** | | | | | $ |  |

F. **Recipient Statement:** The information on this form is to be used to determine maximum income for eligibility. I/we have provided, for each person set forth in Item C, acceptable verification of current and anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury. **WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Date |  |
| Signature of Head of Household |  |  |  |
|  |  | Date |  |
| Signature of Spouse or Co-Head of Household |  |  |  |
|  |  | Date |  |
| Signature of Household Member (over 18 years) |  |  |  |
|  |  | Date |  |
| Signature of Household Member (over 18 years) |  |  |  |
|  |  | Date |  |
| Signature of Household Member (over 18 years) |  |  |  |
|  |  | Date |  |
| Signature of Household Member (over 18 years) |  |  |  |

G. **SHIP Administrator Statement:** Based on the representations herein, and upon the proofs and documentation submitted pursuant to item F, hereof, the family or individual(s) named in item C of this Resident Income Certification is/are eligible under the provisions of Chapter 420, Part V, Florida Statutes, the family or individual(s) constitute(s) a: (check one)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Extremely Low Income (ELI) Household** means individuals or families whose annual income does not exceed 30% of the AMI as determined by HUD with adjustments for household size. | | | | | | |
|  |
|  | Maximum Income Limit: | | |  | |  | |
|  |  | | | | | | |
|  | **Very Low Income (VLI) Household** means individuals or families whose annual income does not exceed 50% of the AMI as determined by HUD with adjustments for household size. | | | | | | |
|  |
|  | Maximum Income Limit: | | | |  |  | |
|  |  | | | | | | |
|  | **Low Income (LI) Household** means individuals or families whose annual income does not exceed 80% of the AMI as determined by HUD with adjustments for household size. | | | | | | |
|  |
|  | Maximum Income Limit: | | | |  |  | |
|  |  | | | | | | |
|  | **Moderate Income (MI) Household** means individuals or families whose annual income does not exceed 120% of the AMI as determined by HUD with adjustments for household size. | | | | | | |
|  |
|  | Maximum Income Limit: | | | |  |  | |
|  | **121-140% Income Household** means individuals or families whose annual income does not exceed 140% of the AMI as determined by HUD with adjustments for household size. | | | | | | |
|  |
|  | Maximum Income Limit: | | | |  |  | |
| Based upon the | |  | (year) | | | |  |
| Income Limits for | |  | (MSA or County) | | | |  |

**Signature of the SHIP Administrator or His/Her Designated Representative:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Name (print or type) |  | Title |  |

H. **Household Data** (to be completed by Head of Household only)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Household elects to not participate.** | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_** | | | | (Initials of Household Head) | | | | | |
| **Head of Household Data** | | | | | | | | | | | | | | | | |
| **By Race / Ethnicity** | | | | | | | | | | **By Age** | | | | | | |
| White | Black | | Hispanic | Asian | | American Indian | | | Other | **0 - 25** | | | **26 - 40** | **41 - 61** | | **62 +** |
|  |  | |  |  | |  | | |  |  | | |  |  | |  |
| **Household Members Data** | | | | | | | | | | | | | | | | |
| **Special Target / Special Needs** (Check all that apply to any member) | | | | | | | | | | | | | | | | |
| **Farm worker** | | **Developmentally Disabled** | | | **Homeless** | | | **Elderly** | | | | **Special Needs**  **(define)** | | | **Special Needs**  **(define)** | |
|  | |  | | |  | | |  | | | |  | | |  | |

NOTE: Information in this Section H is being gathered for statistical use only. No resident is required to give such information unless they desire to do so. Refusal to provide information in this Section will not affect any right household has as residents. There is no penalty for households that do not complete the form.