

Income Calculation Worksheet

Property Code: 847 Household: Michael Owens Certification Date: 06/25/2025
Property Name: The Safford Unit Size: 2 Br
Unit Code: 7-110 Certification Type: Move In Cert (MI)

Household Members:

Member Name	Relationship	Gender	DOB	Age	Disabled	Student	Date Submitted
Michael Owens	Head of Household	M	3/20/1983	42		Not Student	

Income Calculations:

Job Name	Member Name	Verification Type	Verification Method	Frequency	\$/Period	Number of Periods	Calculated Income	Verified Income
Employment - Eagle Rock	Michael Owens	Rate of Pay	Third Party Documents	Weekly	\$662.79	52: 0 Weeks * 0 Hours	\$34,465.08	\$34,465.08
Total of all Income Sources								\$34,465.08

Asset Calculations:

Member Name	Description	Divest Cost	Market Value	Interest Rate	Annual Income
Michael Owens	Checking Account - Chase	\$0.00	Details: \$795.20 / 1 = \$795.20	Details: \$795.20 @ 0%	\$0.00
		\$0.00	\$795.20		\$0.00

Total Annual Income:

Version 1.15

If net total family assets exceeds \$51,600.00 you must calculate imputed income from assets at 0.45% and use the greater of actual income from assets or imputed income from assets.

Total Mkt Value	Total Sale / Divest Cost:	Total Asset Cash Value:	Pass Book Rate:	Total Income From Assets:
\$795.20	\$0.00	\$795.20	0.45%	\$0.00

Total asset value does not exceed \$51,600.00

Total Income:	Total From Assets:	Total Annual Income:
\$34,465.08	\$0.00	\$34,465.08


Income Limit: Tax Credit | \$40,380.00 Variance: (\$5,914.92)



ARIZONA LOW INCOME HOUSING TAX CREDIT PROGRAM - IMPUTED INCOMES/ALLOWABLE RENTS
FOR RENTS BASED ON UNIT SIZE (Number of bedrooms: Post 1989 Projects)
(Figures derived from HUD Median Income Charts effective April 01, 2025)

MSA/County	%	(1 Person)	(2 Persons)	(3 Persons)	(4 Persons)	(5 Persons)	(6 Persons)	(7 Persons)	(8 Persons)	0 Bdrm	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm	5 Bdrm
Phoenix (Maricopa/Pinal)	60	\$47,160	\$53,820	\$60,600	\$67,320	\$72,720	\$78,120	\$83,520	\$88,920	\$1,179	\$1,262	\$1,515	\$1,750	\$1,953	\$2,155
	50	\$39,300	\$44,850	\$50,500	\$56,100	\$60,600	\$65,100	\$69,600	\$74,100	\$982	\$1,051	\$1,262	\$1,458	\$1,627	\$1,796
	40	\$31,440	\$35,880	\$40,400	\$44,880	\$48,480	\$52,080	\$55,680	\$59,280	\$786	\$841	\$1,010	\$1,167	\$1,302	\$1,437
	30	\$23,580	\$26,910	\$30,300	\$33,660	\$36,360	\$39,060	\$41,760	\$44,460	\$589	\$631	\$757	\$875	\$976	\$1,077
	20	\$15,720	\$17,940	\$20,200	\$22,440	\$24,240	\$26,040	\$27,840	\$29,640	\$393	\$420	\$505	\$583	\$651	\$718
FY2025, the HERA Special limit is exceeded by the FY2025 Section 8 Income Limits and as a result, projects placed into service prior to December, 31, 2008 in Phoenix-Mesa-Scottsdale, AZ MSA do not require the calculation of a special income limit.															
Tucson (Pima)	60	\$40,380	\$46,140	\$51,900	\$57,660	\$62,280	\$66,900	\$71,520	\$76,140	\$1,009	\$1,081	\$1,297	\$1,499	\$1,672	\$1,845
	50	\$33,650	\$38,450	\$43,250	\$48,050	\$51,900	\$55,750	\$59,600	\$63,450	\$841	\$901	\$1,081	\$1,249	\$1,393	\$1,538
	40	\$26,920	\$30,760	\$34,600	\$38,440	\$41,520	\$44,600	\$47,680	\$50,760	\$673	\$721	\$865	\$999	\$1,115	\$1,230
	30	\$20,190	\$23,070	\$25,950	\$28,830	\$31,140	\$33,450	\$35,760	\$38,070	\$504	\$540	\$648	\$749	\$836	\$922
	20	\$13,460	\$15,380	\$17,300	\$19,220	\$20,760	\$22,300	\$23,840	\$25,380	\$336	\$360	\$432	\$499	\$557	\$615
Yuma (Yuma)	60	\$30,540	\$34,860	\$39,240	\$43,560	\$47,100	\$50,580	\$54,060	\$57,540	\$763	\$817	\$981	\$1,133	\$1,264	\$1,395
	50	\$25,450	\$29,050	\$32,700	\$36,300	\$39,250	\$42,150	\$45,050	\$47,950	\$636	\$681	\$817	\$944	\$1,053	\$1,162
	40	\$20,360	\$23,240	\$26,160	\$29,040	\$31,400	\$33,720	\$36,040	\$38,360	\$509	\$545	\$654	\$755	\$843	\$930
	30	\$15,270	\$17,430	\$19,620	\$21,780	\$23,550	\$25,290	\$27,030	\$28,770	\$381	\$408	\$490	\$566	\$632	\$697
	20	\$10,180	\$11,620	\$13,080	\$14,520	\$15,700	\$16,860	\$18,020	\$19,180	\$254	\$272	\$327	\$377	\$421	\$465
HERA Special	60	\$32,640	\$37,260	\$41,940	\$46,560	\$50,340	\$54,060	\$57,780	\$61,500	\$816	\$873	\$1,048	\$1,211	\$1,351	\$1,491
	50	\$27,200	\$31,050	\$34,950	\$38,800	\$41,950	\$45,050	\$48,150	\$51,250	\$680	\$728	\$873	\$1,009	\$1,126	\$1,242
	40	\$21,760	\$24,840	\$27,960	\$31,040	\$33,560	\$36,040	\$38,520	\$41,000	\$544	\$582	\$699	\$807	\$901	\$994
	30	\$16,320	\$18,630	\$20,970	\$23,280	\$25,170	\$27,030	\$28,890	\$30,750	\$408	\$436	\$524	\$605	\$675	\$745
	20	\$10,880	\$12,420	\$13,980	\$15,520	\$16,780	\$18,020	\$19,260	\$20,500	\$272	\$291	\$349	\$403	\$450	\$497
Apache	60	\$29,400	\$33,600	\$37,800	\$42,000	\$45,360	\$48,720	\$52,080	\$55,440	\$735	\$787	\$945	\$1,092	\$1,218	\$1,344
	50	\$24,500	\$28,000	\$31,500	\$35,000	\$37,800	\$40,600	\$43,400	\$46,200	\$612	\$656	\$787	\$910	\$1,015	\$1,120
	40	\$19,600	\$22,400	\$25,200	\$28,000	\$30,240	\$32,480	\$34,720	\$36,960	\$490	\$525	\$630	\$728	\$812	\$896
	30	\$14,700	\$16,800	\$18,900	\$21,000	\$22,680	\$24,360	\$26,040	\$27,720	\$367	\$393	\$472	\$546	\$609	\$672
	20	\$9,800	\$11,200	\$12,600	\$14,000	\$15,120	\$16,240	\$17,360	\$18,480	\$245	\$262	\$315	\$364	\$406	\$448

The rent limits listed above are what an owner can charge, not what an owner must charge to avoid non-compliance. Notifications sent to residents, for any owner imposed rent increase, that are characterized as mandates under ADOH, IRS or HUD regulations are prohibited.

For Office Use Only		
Date & Time Received: 06/10/2025 07:11:22 PM		Received By (Management Signature):
Unit: 7-110	Move-In Date: 06/25/2025	

Application for Rental Housing

Property Contact Information			
Property Name: The Safford			
Street Address: 8740 N Silverbell Road			
City: Marana	State: AZ	Zip: 85743	
Phone: (520) 614-6850	Phone (TTY):		Fax:
Email: TheSafford@dominiuminc.com		Website: www.thesaffordapartments.com	
Office Hours: Monday-Friday 9AM-6PM Saturday 10AM-4PM Sunday 10AM-4PM			

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, handicap, or any other class protected by state law.



APPLICATION SUMMARY

Preferred Unit Size: 2

Would anyone in this household benefit from a special needs unit or a unit accommodation due to a mobility, vision, or hearing impairment? ☐ Yes* ☒ No

If Yes, please complete a **Special Unit Questionnaire.*

HOUSEHOLD COMPOSITION - Complete one **Member Information Document** form for each member listed below.

In the space below, list all people who will live in the unit.

	Member Name	Relationship to Head of Household (Ex. Head of Household, Co-Head, Spouse, Dependent, Other Adult, Live-In Aide, etc.)	Phone Number (Recommended)
1	Michael Ray Owens	Head of Household	(909) 647-7147 (909) 647-7147
2			
3			
4			
5			
6			
7			
8			

ANTICIPATED ADDITIONS TO THE HOUSEHOLD - Complete one **Anticipated Household Addition** form for each.

Certain anticipated members can have an effect on the size of the unit and/or the income limits used to determine the household's program eligibility. List all applicable members who are expected to move in over the next 12 months.

Member Name	Member Type
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster

1. Do you anticipate any other change in household composition over the next 12 months?
(e.g. adding a new member or removing a current member) ☐ Yes ☒ No

If Yes, please explain:

HOUSEHOLD QUESTIONS

1. Is any household member temporarily absent, but under normal conditions would live in the unit? ☐ Yes ☒ No

If Yes, please explain:

2. Does/Will this household receive rent assistance? (ex. Housing Choice Voucher, Rural Development RA, etc.) ☐ Yes ☒ No

If Yes, please indicate the source:

3. Has any household member received a federal tax refund / refundable tax credit in the last 12 months? ☐ Yes ☒ No

If Yes, provide the total value of tax refunds/credits received by members of this household: \$0.00



APPLICATION SUMMARY

PENALTIES FOR MISUSING THIS FORM:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

REQUIRED SIGNATURES

All adult household members must view all documents in the Application Package to confirm accuracy and sign below.

Application Package Documents:

- Application Summary (One Per Household)
- Member Information Document (One Per Member)
- Income & Asset Questionnaire (One Per Adult Member / One Per Household)

Under penalty of perjury, I/we certify that all information presented in the application documents above is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in rejection of my/our application, or if move-in has already occurred, termination of my/our lease.

1.	<i>Michael Owens</i>	Michael Ray Owens	06/25/2025
	Member Signature	Printed Name	Date Signed
2.			
	Member Signature	Printed Name	Date Signed
3.			
	Member Signature	Printed Name	Date Signed
4.			
	Member Signature	Printed Name	Date Signed
5.			
	Member Signature	Printed Name	Date Signed
6.			
	Member Signature	Printed Name	Date Signed
7.			
	Member Signature	Printed Name	Date Signed
8.			
	Member Signature	Printed Name	Date Signed



Preferred Language (optional):

MEMBER INFORMATION DOCUMENT

Complete one form for each member of the household, regardless of age. Any household member under the age of 18 and not emancipated must have a form completed and signed by a parent/guardian in the household. Please provide your full, legal name as it appears on your legal identification document. (Ex. Driver's License, Government Issued ID, etc.).

Full Legal Name: Michael Ray Owens

First Name Middle Name Last Name

Optional Information:

Driver's License # / State ID #: D04104553 State Issued: AZ

Date of Birth: 3/20/1983 Gender: ☐ Female ☒ Male ☐ Decline to Disclose

☐ Check box if member is an emancipated minor.

Social Security Number (SSN): 569-75-1961 (If you do not have a SSN please enter 999-99-9999)

Complete Part A and Part B (as applicable), then sign and date the form.

Part A: This section is optional to household members who are foster children, foster adults, or live-in aides.

1. Student Status: ☐ Full-Time Student ☐ Part-Time Student ☒ Not a Student

2. Marital Status (optional): Separated

Part B: Complete this section if the member is under 18 years old and not emancipated:

1. Will this member live in the unit at least 50% of the time? ☐ Yes ☐ No

2. Will this member live with both parents in the unit? ☐ Yes ☐ No *

*If you answered No, please complete a Child Support Self-Certification.

3. Name of the parent/guardian who will sign paperwork on this member's behalf:

MEMBER SIGNATURE REQUIRED:

I hereby certify the information provided above is accurate and complete to the best of my knowledge.

Member Signature	Printed Name	Date
Michael Owens	Michael Ray Owens	06/25/2025

☐ Check here if an adult signed for a child.



Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Modified 2/6/2024
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INCOME & ASSET QUESTIONNAIRE

For Office Use Only:
Certification Effective Date:

This document reflects the sources of income & assets received by:

6/25/2025

☐ **Individual Member:** _____

☒ **All Members**

If selected, each adult (excluding Live-In Aides and Fosters) must complete a separate Income & Asset Questionnaire, even if the adult has zero income.

OR

If selected, one Income & Asset Questionnaire must be completed to reflect all income and asset sources within the household.

INCOME CHECKLIST

Identify all current and anticipated sources of income below. Include income received by minors in your care, excluding foster children. Any information provided is subject to verification.

1. Employment Wages/Salaries <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Including, but not limited to, regular, overtime, shift differential, tips, bonuses, commissions, and seasonal employment.</i>	11. Military Pay <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, basic pay, active duty pay, drill pay, IDP, HDIP, Basic Allowance for Housing.</i>
2. Self-Employment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, digital income sources such as app-based driving services, e-commerce sales, day trading, and video-based platforms.</i>	12. Payments from Retirement Accounts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Include amounts received from periodic payments and/or Required Minimum Distributions (RMD).</i>
3. Public Assistance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, TANF, GA, AFDC, Cash Assistance, and other state-specific benefits. Do not count food stamps or medical assistance.</i>	13. Social Security Income <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI).</i>
4. Payments from Annuities or Life Insurance Policies <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14. Supplemental Security Income (SSI) or State Supplemental Payments (SSP) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Disability Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. Veterans Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Recurring Monetary Contributions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including, but not limited to, recurring assistance with paying rent, bills, or regular monetary gifts from individuals not living in the unit. Do not include non-monetary/in-kind donations and gifts received for holidays, birthdays, or other significant life events or milestones.</i>	16. Student Financial Assistance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Including a grant or scholarship received from the Federal government; a State, Tribe, or local government; a private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3); a business entity; or an institution of higher education.</i>
7. Payments from Pensions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	17. Unemployment Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Payments from Indian Trusts <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Death Benefits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Alimony / Spousal Support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19. Child Support <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Adoption Assistance Payments <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	20. Other Income: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list source(s):

