

Income Calculation Worksheet

Property Code:	847	Household:	Courtney Smith	Certification Date:	07/21/2025
Property Name:	The Safford	Unit Size:	3 Br		
Unit Code:	8-104	Certification Type:	Move In Cert (MI)		

Household Members:

Member Name		Relationship	Gender	DOB	Age	Disabled	Student	Date Submitted
Courtney Smith		Head of Household	F	9/10/1989	35		Not Student	6/6/2025
Cori Smith		Youth<18	M	9/14/2008	16		F/T Student	6/6/2025
Camryn White		Youth<18	M	7/8/2013	12		F/T Student	6/6/2025

Income Calculations:

Job Name	Member Name	Verification Type	Verification Method	Frequency	\$/Period	Number of Periods	Calculated Income	Verified Income
Employment - Elara Caring Hospice	Courtney Smith	Rate of Pay	Third Party Documents	Bi-Weekly	\$1,746.69	26: 0 Weeks * 0 Hours	\$45,413.94	\$45,413.94
Total of all Income Sources								\$45,413.94

Asset Calculations:

Member Name	Description	Divest Cost	Market Value	Interest Rate	Annual Income
Courtney Smith	Savings Account - Community Wide	\$0.00	Details: \$20.00 / 1 = \$20.00	Details: \$20.00 @ 0%	\$0.00
Courtney Smith	Checking Account - Community Wide	\$0.00	Details: \$400.00 / 1 = \$400.00	Details: \$400.00 @ 0%	\$0.00
		\$0.00	\$420.00		\$0.00

Income Calculation Worksheet

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:
\$420.00	\$0.00	\$420.00	0.45%	\$0.00

Total asset value does not exceed \$51,600.00

$$\begin{array}{ccc} \text{Total Income:} & \text{Total From Assets:} & \text{Total Annual Income:} \\ \hline \$45,413.94 & \$0.00 & \$45,413.94 \\ + & = & \\ \text{Income Limit:} & \text{Tax Credit | \$51,900.00 Variance: (\$6,486.06)} & \end{array}$$



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)	Rent	Rent	Rent	Rent	Rent	Rent
										0 Bdsm	1 Bdsm	2 Bdsm	3 Bdsm	4 Bdsm	5 Bdsm
Phoenix	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
(Maricopa/Pinal)	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
HERA	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	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
(Pima)	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	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
(Yuma)	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	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
Special	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: 06/04/2025 04:51:05 PM

Received By (Management Signature):

Unit: 8-104

Move-In Date: 7/21/2025

*Mari Tovar***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 Saturday Sunday	9AM-6PM 10AM-4PM Closed	

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: 3

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	Courtney Dachel Smith	Head of Household	(574) 404-4441 (574) 404-4441
2	Cori Lamar Smith	Youth<18	
3	Camryn Lee White	Youth<18	
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? Yes No
(e.g. adding a new member or removing a current member)

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).

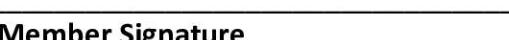
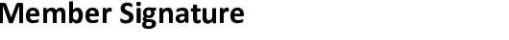
REQUIRED SIGNATURES

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.		Courtney Dachel Smith	
	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

