

RealPage Compliance Services Approval Checklist (RAC)

This checklist is required for all certification submissions for pre-approval (prior to certification signing) and for final approval (post certification signing). The exceptions are HUD interims, HUD terminations, all transfers, and Market move ins for which the RealPage Compliance Services Special Approval Checklist (RSAC) is required. Certification must be scanned and uploaded to the RPCS portal with documents in the order listed below. The items listed serve as place holders as document names and requirements vary by program, state, agency, and management company. Please only scan what is required for your site. If you have questions, please contact your Compliance Partner.

Site Name:	Winston Property	Certification Effective Date:	
Applicant/Resident Name:	John Smith	Initial/Move-In:	10/23/2017
Unit Number:	103	Recert:	03/01/2024
Most Restrictive Set-Aside %/Program:	40%		

STEP 1: PRE-APPROVAL		STEP 2: FINAL APPROVAL	
<input checked="" type="checkbox"/>	Proposed Unexecuted Certification Summary such as a Tenant Income Certification (TIC), 50059, 50058, RD3560-8, etc.	<input checked="" type="checkbox"/>	RPCS provided Pre-Approval letter
	Documentation of Rental Assistance		Executed Certification Summary such as a Tenant Income Certification (TIC), 50059, 50058, RD3560-8, etc.
<input checked="" type="checkbox"/>	Application/Income Questionnaire		All items from Pre-Approval in the order listed including any conditional items from pre-approval letter (Full Finals*)
	Income Affidavits/Certifications such as Unemployed Aff., Zero Income Cert., Self-Employed Aff., Self Cert. for Updates, etc.		Executed Lease Agreement
<input checked="" type="checkbox"/>	Income Verifications in consecutive date/page order		All Required Lease Addendums including VAWA
	EIV Reports (Existing Tenant Search (Move In)/Income & Income Discrep. (Annual)) - HUD only		Rent Notification Letter (Interim) - HUD only
	Deduction Verifications in consecutive date/page order - HUD only		Conditional items from pre-approval letter (Standard Finals)
<input checked="" type="checkbox"/>	Asset Affidavits/Certifications		
<input checked="" type="checkbox"/>	Asset Verifications in consecutive date/page order		
<input checked="" type="checkbox"/>	Income/Deduction/Asset Calculations		
<input checked="" type="checkbox"/>	Household Affidavits/Documentation such as Child Support Affidavit, Marital Status Affidavit, Court Orders, etc.		
<input checked="" type="checkbox"/>	Student Affidavits/Certifications		
	Student Verifications		
<input checked="" type="checkbox"/>	Resident Release and Consent such as HUD 9887, HUD 9887A, HUD 92006, HUD Acknowledgement of Receipt, Owner's & Family Summary, etc.		
	Verification of Date of Birth/Social and ID for all adults (Move In)		
	Credit/Background Check Results (Move In)		
<input checked="" type="checkbox"/>	Race & Ethnic Data Reporting Form such as HUD 27061-H for each household member or state equivalent/Citizenship Form (Move In)		
	Most recent previous application (Annual/Interim/Transfer)		
<input checked="" type="checkbox"/>	Most recent previous executed certification summary (EX. TIC, 50059, 50058, RD3560-8) (Annual/Interim/Transfer)		
<input checked="" type="checkbox"/>	Page 1 of Move In TIC or cert. statement below. (Annual/Interim/Transfer)		
Certification Submitted By: <u>MLP</u>		Certification Submitted By: _____	

Cert. statement in lieu of Page I of Move In TIC:

I have reviewed the initial move-in TIC and certify that at least one original household member still occupies this unit.

Site Partner's Initials

HUD FAST Act certification statement (to be used for HUD certs ONLY): (check one)

- A. Household meets 90% fixed income threshold established by HUD FAST Act and is not an initial or 3rd year recert, therefore verifications are not required and incomes have been adjusted based on COLA/interest rate increase.
- B. Household does not meet 90% fixed income threshold established by HUD Fast Act and is not an initial or 3rd year recert, but does have fixed income. Fixed income has been adjusted based on COLA/interest rate increase. All other income has been verified.

Please choose which certification is being submitted: _____ 1st year (full cert) _____ 2nd year (self-cert) _____ 3rd year (self-cert)

Site Partner's Initials

Tax Credit Workbook

Qualification Certification

Head of Household:	John Smith
Property Name:	Winston Property
Unit Number:	103
Effective Date:	3/1/2024
Certification Type:	Annual

Unit Type:	SRO
Household Size:	1
Unit Set Aside:	40%
Maximum Income Limit:	\$38,840.00
Maximum Allowable Rent:	\$883.00
Current Resident Rent:	\$336.00
Utility Allowance:	\$0.00

Total Earned Income:	\$0.00
Total Other Income:	\$14,435.28
Total Asset Income:	\$0.00

Total Household Income:	\$0.00
-------------------------	--------

Household Qualifies

Community Manager's Signature

Regional Manager's Signature

PART V. DETERMINATION OF INCOME ELIGIBILITY

RECERTIFICATION ONLY:

TOTAL ANNUAL HOUSEHOLD
INCOME FROM ALL SOURCES:
From item (L) on page 1

14,435.28

Current Federal LIHTC Income Limit per Family Size (Federal Income Restriction at 60%, 50% or A.I.T. (20% - 80%)): \$ 38,840

If Applicable, Current Federal Bond Income Limit per Family Size: \$ _____

Household Income as of Move-in: \$ 12,035.31

Unit Meets Federal Income Restriction at:
 60% 50%

Current Federal LIHTC Income Limit x 140%:
\$ 54,376.00

Or Federal A.I.T. at:
 80% 70% 60% 50%
 40% 30% 20%

Household Income exceeds 140% at recertification:
 Yes No

Unit Meets State Deeper Targeting Income Restriction at:
 Other _____ %

Household Size at Move-in:
1

PART VI. RENT

Tenant Paid Monthly Rent: \$ 336.00

Monthly Utility Allowance: \$ 0.00

Other Monthly Non-optimal charges: \$ 0.00

GROSS MONTHLY RENT FOR UNIT:
(Tenant paid rent plus Utility Allowance & other non-optimal charges)

336.00

\$

Maximum Federal LIHTC Rent Limit for this unit: \$ 883.00

If Applicable, Maximum Federal & State LIHTC Bond Rent Limit for this unit: \$ _____

Unit Meets Federal Rent Restriction at:

Or Federal A.I.T. at:
 80% 70% 60%
 50% 40% 30%
 20%

If Applicable, Unit Meets Bond Rent Restriction at: 60% 50%

Unit Meets State Deeper Targeting Rent Restriction at: Other: 40 %

Federal Rent Assistance: \$ 629.00

*Source: 6

Non-Federal Rent Assistance: \$ _____

(*0-8)

Total Monthly Rent Assistance: \$ 629.00

*Source of Federal Assistance

1 **HUD Multi-Family Project Based Rental Assistance (PBRA)

2 Section 8 Moderate Rehabilitation

3 Public Housing Operating Subsidy

4 HOME Rental Assistance

5 HUD Housing Choice Voucher (HCV), tenant-based

6 HUD Project-Based Voucher (PBV)

7 USDA Section 521 Rental Assistance Program

8 Other Federal Rental Assistance

0 Missing

** (PBRA) Includes: Section 8 New Construction/Substantial Rehabilitation; Section 8 Loan Management; Section 8 Property Disposition; Section 202 Project Rental Assistance Contracts (PRAC)

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

Yes No

If yes, Enter student explanation*
(also attach documentation)

Enter
1-5

*Student Explanation:

- 1 AFDC / TANF Assistance
- 2 Job Training Program
- 3 Single Parent/Dependent Child
- 4 Married/Joint Return
- 5 Former Foster Care

PART VIII. PROGRAM TYPE

Identify the program(s) for which this household's unit will be counted toward the property's occupancy requirements.

Select one of the following.

- 9% Allocated Federal Housing Tax Credit
- 4% Allocated Federal Housing Tax Credit
- Tax-Exempt Bond Only (No tax credits)

Select all that apply.

- HOME (including TCAP)
- CDBG
- Other HUD, including 202, 811, and 236
- National Housing Trust Fund
- USDA Rural Housing Service, including 514, 515, and 538
- Other state or local housing programs

SIGNATURE OF OWNER/REPRESENTATIVE

SIGNATURE OF OWNER/REPRESENTATIVE

DATE

Based on the representations herein and upon the proof and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

PART IX. SUPPLEMENTAL INFORMATION FORM

The California Tax Credit Allocation Committee (CTCAC) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although the CTCAC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter both Ethnicity and Race codes for each household member (see below for codes).

TENANT DEMOGRAPHIC PROFILE						
HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled
1	Smith	John	E	2	2	11
2						
3						
4						
5						
6						
7						

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent:

4a – Asian India	4e – Korean
4b – Chinese	4f – Vietnamese
4c – Filipino	4g – Other Asian
4d – Japanese	

- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands:

5a – Native Hawaiian	5c – Samoan
5b – Guamanian or Chamorro	5d – Other Pacific Islander

- 6 – Other

- 7 – Did not respond. (Please initial below)

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 3 – Did not respond. (Please initial below)

Disability Status:

- 1 – Yes

If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used, please see 24 CFR 100.201, available at <http://fairhousing.com/legal-research/hud-regulations/24-cfr-100201-definitions>.
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transgender.

- 2 – No

- 3 – Did not respond (Please initial below)

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____
(HH#)

TENANT INCOME CERTIFICATION QUESTIONNAIRE
One Form per Adult Member of the Household

NAME:	JOHN SMITH	TELEPHONE NUMBER:	(202) 752-2306
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Re-Certification <input type="checkbox"/> Other <input type="checkbox"/> I am a new household member who has occupied/will occupy unit on: _____			

INCOME INFORMATION

Yes No

	MONTHLY GROSS INCOME
1. <input type="checkbox"/> <input checked="" type="checkbox"/> I am self-employed (<i>list nature of self employment</i>)	(use adjusted net income for self-employment only) \$ _____
2. <input type="checkbox"/> <input checked="" type="checkbox"/> I have a job/have been offered employment and receive/will receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer:</u> 1. _____ \$ _____ 2. _____ \$ _____ 3. _____ \$ _____	
3. <input type="checkbox"/> <input checked="" type="checkbox"/> I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4. <input type="checkbox"/> <input checked="" type="checkbox"/> I receive unemployment benefits.	\$ _____
5. <input type="checkbox"/> <input checked="" type="checkbox"/> I receive Veteran's Administration, GI Bill, or National Guard/Military Benefits/Income	\$ <u>807.00</u> R6
6. <input checked="" type="checkbox"/> <input type="checkbox"/> I receive Social Security payments.	\$ <u>807.00</u> R
7. <input type="checkbox"/> <input checked="" type="checkbox"/> The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)	\$ _____
8. <input checked="" type="checkbox"/> <input type="checkbox"/> I receive Supplemental Security Income (SSI)	\$ <u>375.94</u>

TENANT INCOME CERTIFICATION QUESTIONNAIRE
One Form per Adult Member of the Household

Yes No

9.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I receive disability, EDD paid family leave, EDD disability insurance, or death benefits other than Social Security. \$ _____
10.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I receive Public Assistance Income (examples: TANF, CalWorks, CAPI, AFDC, GA/GR) *Do not include CalFresh, SNAP, Food Stamps \$ _____
11.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	I am entitled to receive child support payments (<i>court ordered or parental agreement</i>) I am currently receiving child support payments If yes, from how many persons do you receive support? _____
	n/a	I am not currently receiving support, but I am making efforts to collect child support owed to me. List efforts being made: _____ _____
12.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	I am entitled to receive alimony or spousal support payments (<i>court ordered or divorce agreement</i>) I am currently receiving alimony/spousal support payments If yes, from how many persons do you receive support? _____
	n/a	I am not currently receiving support, but I am making efforts to collect alimony or spousal support owed to me. List efforts being made: _____ _____
13.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: _____ _____ _____
		\$ _____ \$ _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

Yes No

14.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I receive income from real or personal property.	(use net earned income) \$ _____
15.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I receive student financial aid (<i>public/private, exclude loans</i>) Subtract cost of tuition from aid received <i>* For households receiving Section 8 assistance only</i>	\$ _____
16.	<input type="checkbox"/> <input checked="" type="checkbox"/>	Are any of the above noted income sources (<i>including Social Security, wages, unemployment, public assistance, disability, etc.</i>), currently being received as a Debit Visa or MC?	List Income Source: _____ _____
17.	<input type="checkbox"/> <input checked="" type="checkbox"/>	Do you anticipate receiving or have you applied for any income source that will begin in the next 12 months?	List Income Source: _____ _____

ASSET INFORMATION

Yes No

		Interest Rate	Current Value
18.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1. _____ 2. _____	% % \$ _____ \$ _____
19.	<input checked="" type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) 1. <u>U.S Bank/Union # 8857</u> 2. _____	% % \$ _____ \$ _____
20.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I have funds on an EBT card, Debit Visa, or Debit MC	Current Balance: \$ _____
21.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I have available funds held in a payment service account, such as Venmo, PayPal, Skrill, etc. Source: _____ _____	\$ _____ \$ _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

Yes No		Interest Rate	Current Value
22. <input type="checkbox"/> <input checked="" type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1. _____ 2. _____	% % _____	\$ \$ _____
23. <input type="checkbox"/> <input checked="" type="checkbox"/>	I own real estate. If yes, provide description: 1. _____ 2. _____	\$ \$ _____	
24. <input type="checkbox"/> <input checked="" type="checkbox"/>	I own crypto currency such as Bitcoin, Litecoin, Ethereum, etc. If yes, list type: 1. _____ 2. _____	Average Change over a 3 month period: _____ % _____ % _____	
25. <input type="checkbox"/> <input checked="" type="checkbox"/>	I own stocks, bonds, or treasury bills. If yes, list sources/bank names 1. _____ 2. _____	Rate of return or 3 month average: _____ % _____ % _____	
26. <input type="checkbox"/> <input checked="" type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market account(s). If yes, list sources/bank names 1. _____ 2. _____	% % _____	\$ \$ _____
27. <input type="checkbox"/> <input checked="" type="checkbox"/>	I have an IRA, lump sum pension, Keogh account, or 401K. If yes, list bank(s): 1. _____ 2. _____	% % _____	\$ \$ _____
28. <input type="checkbox"/> <input checked="" type="checkbox"/>	I have a life insurance policy with a cash/surrender value. If yes, how many policies? _____		\$ _____
29. <input type="checkbox"/> <input checked="" type="checkbox"/>	I have disposed of assets (<i>i.e. gave away money/assets</i>) for less than the fair market value in the last 2 years. If yes, list items and date disposed: 1. _____ 2. _____		\$ \$ _____

TENANT INCOME CERTIFICATION QUESTIONNAIRE
One Form per Adult Member of the Household

30.	<input type="checkbox"/> <input checked="" type="checkbox"/>	I have cash on hand in excess of \$250.	\$ _____	
-----	--------------------------------------------------------------	-----------------------------------------	----------	--

Yes No STUDENT ELIGIBILITY

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	I am a part-time student I am a full-time student (<i>Example: K-12, College, Trade School, etc.</i>) Does the entire household consist of people who are currently <u>full-time</u> students? Does the entire household consist of people who are either currently a full time student or were a full-time student for 5 months or more in the current calendar year? Does your household anticipate becoming an all full-time student household in the next 12 months?
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Yes No If you answered yes to any of the previous 5 questions, are you:

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (AFDC, TANF, CalWorks - not SSA/SSI) Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA), Workforce Investment Act (WIA), or other similar federal, state, or county government program Married and filing (or are entitled to file) a joint tax return (<i>please provide copy of marriage certificate or tax return</i>) Single Parent with a dependent child(ren) and neither you or your child(ren) are dependents of another individual Previously enrolled in the Foster Care Program (<i>currently age 18-24</i>)
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.

John Smith

Printed Name of Applicant / Tenant

John Smith

Signature of Applicant / Tenant

1-9-24

Date

Witnessed by (Signature of Owner Representative)

1-9-24

Date

1971 Fulton Street
Hinton, West Virginia 25951

Social Security Administration
Supplemental Security Income
Notice of Change in Payment

Date: November 26, 2023
BNC#: 23S1789J04196 DI



0334572 00334572 1 AB 0.537 CN6LNA T1048 P19
COLA MO4 11/19 904 23S1789J04196

John Smith

- 1971 Fulton Street
Hinton, West Virginia 25951
Harris, Texas

0401557DG062476, CN6LNA 0334572
0000000000



We plan to increase your monthly Supplemental Security Income (SSI) payment from \$351.73 to \$375.94 beginning January 2024. The amount will change because of a rise in the cost of living. You will continue to get the new amount each month unless there is a change in the information we use to figure your payment. The new amount includes \$239.94 from the State of California.

The rest of this letter explains more about your SSI payments. It also tells you how to find affordable health care.

We explain how we figured the monthly payment amount on the worksheet(s) at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

When You Will Receive Your Payments

Your bank or other financial institution will receive your monthly payment of \$375.94 around January 1, 2024, and on the first of each month after that.

Information Used In Making The Decision

Our records show that the following income used to figure your payment has also changed--

Your increased Social Security benefits--before any deductions for Medicare premiums-- of \$827.00. You should receive the increased Social Security benefit about January 3, 2024. We must count the increase in your benefits for January 2024 even though we are counting your other income for November 2023.

See Next Page

Your Reporting Responsibilities

Your SSI payments may change if your situation changes. You are required to report any changes that may affect your SSI no later than 10 days after the month the change takes place.

Please call 1 304-466-6233 (TTY 1 325-379-8554) or contact your local Social Security office to report any of the following changes:

- You start or stop work, or your wages increase or decrease
- Your bank account balance goes over \$2,000.00
- You move
- Anyone else moves into or out of your household
- Someone in your household dies
- You marry, separate, or divorce
- Income or resources change for you or members of your household
- Your medical condition improves
- You leave the United States and expect to be gone for a full calendar month or for 30 consecutive days
- You are in a hospital, jail, or other institution for a full calendar month
- You have a felony or arrest warrant for escape from custody, flight to avoid prosecution or confinement, or flight-escape



Easy Ways To Report Wages

You may be able to report your wages using our automated services:

- Our free "SSA Mobile Wage Reporting" application lets you report wages on your smartphone.
- Our toll-free "SSI Telephone Wage Reporting System" lets you report wages using a touch-tone phone at 755-772-0945
- Our "myWageReport" tool lets you report wages securely online using a computer, tablet, or smartphone through your **my Social Security** account. Go to www.ssa.gov/myaccount to sign in or create your account.

To find out if you can use our automated services, please contact your local Social Security office.

You Can Review The Information In Your Case

The decisions in this letter are based on the law and information in our records. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations, and policy statements used in deciding your case. To do so, please contact us. Our telephone number and address are shown under the heading "Need more help?"

Things You Should Know

- You may use this letter when you need proof of your SSI payment amount for other assistance programs such as rent subsidies, energy assistance, medical assistance, bank loans, or for other purposes. However, if you get another letter saying your SSI payment is changing again, use that letter instead.
 - We may match computer records and share information with other Federal, State, or local government agencies. Agencies use this information to see if a person qualifies for benefits. The law allows us to use computer matching even if you do not agree.



If You Disagree

If you disagree with this decision, you have the right to appeal. A person who did not make the first decision will decide the appeal. We call this appeal a reconsideration. When you appeal, we review your entire case, even the parts with which you agree. We consider any new facts we have and then make a new decision. The new decision could be more favorable, less favorable, or the same as the one you already have.

Time To File An Appeal

- You have 60 days to file an appeal.
 - The 60 days start the day after you get this letter. We will assume you got this letter 5 days after the date on the letter, unless you show us that you did not get it within the 5-day period.
 - You must have a good reason for waiting more than 60 days to file an appeal.

How To Appeal

You must request the appeal in writing. You can go to www.ssa.gov/non-medical/appeal to complete and submit the "Request for Reconsideration" form, SSA-561-U2 online. You may also contact us by phone to request the form or go to our website at www.ssa.gov/forms to locate the form. If you need help with the form, please call us.

There are 2 types of appeals. In most cases, you can choose the one you want.

- Case Review: You will not meet with the person who decides your case. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we will decide your case again. This is the only kind of appeal you can have for a medical decision.

- **Informal Conference:** You will talk with the person who decides your case either in person or over the phone. You can tell that person why you disagree with our decision. If you meet with us in person, it may help your case. You have a right to review the facts in your file. You can give us more facts to add to your file. You can have other people help explain your case. Then we will decide your case again.

If You Want Help With Your Appeal

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. Your local Social Security office can give you a list of groups that can help you find a representative.

If you get a representative, you or that person must notify us in writing. You may use our Form SSA-1696 "Appointment of Representative." Any local Social Security office can give you this form.



Help Prevent Identity Theft

Be aware of scams through the mail, internet, telephone, or in person. You should be careful when someone asks for personal information, like your Social Security number. Please visit www.usa.gov/identity-theft to find out more.

Suspect Social Security Fraud?

If you suspect Social Security fraud, please visit <https://oig.ssa.gov/report> or call the Inspector General's Fraud Hotline at 1-800-813-2435 (TTY 1-866-501-2101).

Need Health Insurance Or Know Someone Who Does?

Visit www.healthcare.gov or call 1-800-647-9874 (TTY 1-800-423-8344) to learn more.

Other Help For Older Adults and People with Disabilities

The Administration for Community Living offers older adults and people with disabilities a way to connect to a variety of community services and resources.

For Older Adults: Eldercare Locator at 1-800-42-9273 or www.eldercare.acl.gov

For People with Disabilities: Disability Information and Access Line (DIAL) at 1-888-677-1199 or www.acl.gov/DIAL

Save Money on Your High-Speed Internet Service

As an SSI recipient, you are eligible for a discount on your internet service. The Affordable Connectivity program provides savings of up to \$30 per month (or up to \$75 per month on qualifying tribal lands). 80% of American households are in an area with a provider that offers a high-speed plan for \$30 or less, meaning with this program, you could access high-speed internet for free.

Receipt of this assistance will not affect your SSI payment. Join more than 16 million American households and visit <https://getinternet.gov/> today to apply for the Federal Communications Commission's (FCC) Affordable Connectivity Program.

Need more help?

1. Visit www.ssa.gov for fast, simple, and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 788-324-9574

834- Brooke Street
Sugar Land, Texas



How are we doing? Go to www.ssa.gov/feedback to tell us.

Social Security Administration

Enclosure(s):
How We Figured Your Payment

HOW WE FIGURED YOUR PAYMENT FOR January 2024 ON

Your Payment Amount

The most Federal SSI money the law allows us to pay	\$943.00
Minus (-) "Total income we count" (see below)	<u>-807.00</u>
Federal SSI money	\$136.00
Plus (+) the most State SSI money the law allows us to pay	+239.94
We didn't subtract (-) any income from State SSI money	<u>- 0.00</u>
Total Monthly SSI Payment for January 2024 on	\$375.94

Your Income Other Than Your SSI

Income you receive in November 2023 on affects your payment for January 2024 on	
January 2024 amount of Social Security benefits	\$827.00
By law we don't count \$20.00 of above income	<u>- 20.00</u>
Total income we count	\$807.00



**Child and Spousal Support
Affidavit**

Applicant / Resident Name:

John Smith

Development Name:

Winston Property

Unit Number / Identification:

103

Child support and/or spousal support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child/Spousal support amounts awarded by the courts but not received can be excluded only when third party documentation verifies that payments are not being made and that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A. Do you receive child support and/or spousal support?

Yes

Go to B

No

Go to C.1

B. I receive:

1. Payment Amount

\$

2. Frequency

3. Name(s) of Recipient(s)

4. Name of Source(s)

5. Go to C.1

C.

1. Have you been awarded child or spousal support by court order?

Yes

Go to C.2

No

Sign Form

2. Provide copy of court order

Enter amount of award:

Frequency of award:

Go to C. 2

Sign Form

3.

Is payment being received as awarded?

Yes

Go to 3.a

No

Go to 3.b

a. Indicate the manner by which payment is received and sign form.

i. _____ Enforcement Agency

Name of Agency:

Provide Agency Printout

**Child and Spousal Support
Affidavit**

ii.	<input type="checkbox"/> Court of Law	Name of Court:
iii.	<input type="checkbox"/> Direct from responsible party	Name Source
iv.	<input type="checkbox"/> Other	Explain:
b.	If payment is not received or if amount received is less than amount awarded, provide details and documentation of collection efforts. 	

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

John Smith

Applicant/Resident Signature

1-9-24

Date

Separated or Estranged Status Affidavit
(Income Eligibility)

This form is for use for any applicant or resident, who is separated or estranged from their legal spouse and whose spouse will not be a household member. These questions are being asked to document income eligibility only. **You will not be approved or denied based on your marital status.**

To be completed by Tenant:

Re: John Smith Applicant/Tenant Name 103 Unit Number

I hereby certify I am:

Separated (*not living with*) Estranged (*not in contact with*)

From my spouse, whose name is: N/A

Date of separation or estrangement _____

Please check this box and initial:

My spouse is NOT a member of this household and WILL NOT be living in the unit.

Initials I acknowledge that if we reconcile within 1 year of move-in and my spouse is added to the household, the total household income will be recalculated and compared to the income limits in place at the time I moved into the unit, which may affect my eligibility.

Please choose either A or B:

- A. I am NOT currently legally separated or divorced from my spouse but I am in the process of filing for legal separation/divorce. I will provide documentation as it comes available.
- B. I am NOT currently legally separated or divorced from my spouse and have NOT taken any legal action with regard to my marital status.

Income Determination:

- I have been awarded alimony or child support benefits. I currently receive or anticipate receiving \$ _____ per _____ for the next twelve (12) months. Please attach the most recent payment documentation.
- I currently receive no compensation from my spouse nor do I intend (expect) to receive any compensation for the next twelve (12) months.

Asset Determination:

Initials I understand that all assets owned jointly by myself and my spouse will be counted as joint marital property, and will be included at 50% value, until legal documentation that states otherwise can be obtained.

Reporting Requirements:

- Initials I must report any and all changes to my living situation. This includes, but is not limited to, changes in my income, asset amounts, household composition and marital status.
- Initials I will not allow my spouse to move into my apartment without PRIOR approval from management. I understand that due to the requirements of Section 42 of the Internal Revenue Code, management has the right to deny the addition of any household member(s) during the initial lease term.

Separated or Estranged Status Affidavit
(Income Eligibility)

Under penalties of perjury, I certify the above representations to be true as of the date shown below. I further understand that any misrepresentation including false, misleading or incomplete information herein will be considered an act of Fraud and a material breach of the lease agreement subject to immediate action, including the termination of the lease agreement.

John Smith

Applicant / Tenant Signature

1-9-24

Date


Management Representative Signature

1-9-24

Date



ACommunityOfFriends

NON-STUDENT STATUS STATEMENT

TO WHOM IT MAY CONCERN:

I John Smith, do hereby swear that I am not currently enrolled in education classes, nor have I been enrolled in any educational classes for 5 months or more this calendar year. I do not anticipate attending school in the upcoming 12 months.

I understand that should my student status change I must notify the management office immediately. I further understand that if at any time my household composition is solely made up of full time students I may be ineligible for residency at this community and may have to vacate immediately.

My certification to move-in to this community is conditional on the above statements and, upon my official enrollment, allowing verification of my student status.

I certify that the information given above is true and correct to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Print Name of Resident/Applicant: John Smith

Signature of Resident/Applicant: John Smith

Date: 1-9-24

WARNING: Section 1001 of Title 18 of the 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.



ACommunityofFriends

TENANT RELEASE AND CONSENT

I/We John Smith

, the undersigned hereby authorize all persons or companies in the categories listed below, to release without liability, information regarding my/our employment, income, and/or assets to Emily Johnson on behalf of (Winston Property)

(owner or agent)

for purposes of verifying information provided as part of my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Previous Landlords (including
Public Housing Agencies)
Support and Alimony Providers

Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers

Veterans Administration
Retirement Systems
Banks and other Financial
Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that I/we can prove is incorrect.

SIGNATURES

John Smith
Applicant/Resident

John Smith
(Print Name)

1-9-26
Date

Co-Applicant/Resident

(Print Name)

Date

Adult Member

(Print Name)

Date

Adult Member

(Print Name)

Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

**Race and Ethnic Data
Reporting Form**

**U.S. Department of Housing
and Urban Development
Office of Housing**

**OMB Approval No. 2502-0204
(Exp. 06/30/2017)**

Winston Property

**2997 Seth Street
Tow, Texas 78672**

Name of Property

Project No.

Address of Property

A Community of Friends

BOND/CDLAC

Name of Owner/Managing Agent

Type of Assistance or Program Title:

John Smith

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): 1-9-2024

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	✓
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

John Smith

Signature

1-9-24
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Under \$5,000 Asset Certification
For households whose combined net assets do not exceed \$4999.99.

Complete one form for households with joint assets or one form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement (Joint) next to the applicable asset.

Household Name: John Smith Unit #: 103
 Development Name: Winston Property City: Harris

Complete the following:

1. Choose one:

I/we do not have any assets at this time.

If this box is checked, draw a line through the asset information below and go to Question #2.

My/our assets include:

Please complete fully. Put a zero, line, or dash in columns that do not apply.

(A) Value*	(B) Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ <u>0</u>	<u> </u>	<u>0</u>	Checking I	<u>5.00</u>	<u>001%</u>	<u>0.03</u>	Savings I
\$ <u> </u>	<u> </u>	<u> </u>	Checking II	<u> </u>	<u> </u>	<u> </u>	Savings II
\$ <u> </u>	<u> </u>	<u> </u>	EBT / Debit	<u> </u>	<u> </u>	<u> </u>	CD
\$ <u> </u>	<u> </u>	<u> </u>	Paypal/Venmo/Etc	<u> </u>	<u> </u>	<u> </u>	Crypto
\$ <u> </u>	<u> </u>	<u> </u>	IRA Account	<u> </u>	<u> </u>	<u> </u>	401K
\$ <u> </u>	<u> </u>	<u> </u>	Money Market	<u> </u>	<u> </u>	<u> </u>	Trust
\$ <u> </u>	<u> </u>	<u> </u>	Cash >\$250	<u> </u>	<u> </u>	<u> </u>	Stocks
\$ <u> </u>	<u> </u>	<u> </u>	Life Insurance Policies with cash out option	<u> </u>	<u> </u>	<u> </u>	
\$ <u> </u>	<u> </u>	<u> </u>	Other Retirement/Pension Funds not named above	<u> </u>	<u> </u>	<u> </u>	
\$ <u> </u>	<u> </u>	<u> </u>	Other (list)	<u> </u>	<u> </u>	<u> </u>	

Note: Certain funds (retirement, pension, trust) may not be fully accessible. Include only the amounts that are.

* Cash value is defined as market value minus the cost of converting the asset to cash, such as, broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

2. Choose one:

I/we have not sold or given away assets (including cash, real estate, etc.) for less than market value during the past two (2) years.

Within the past two (2) years, I/we have sold or given away assets (including cash,

Under \$5,000 Asset Certification

For households whose combined net assets do not exceed \$4999.99, real estate, etc.) for more than \$1,000 below their fair market value (FMV).

Those amounts are included above and are equal to a total of:

Amount equals the difference between fair market value and the amount received

3. Please complete:

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the total annual income (add all annual income columns) from the net family assets is
\$ _____ This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

John Smith

Applicant/Tenant Signature

1-924

Date

Applicant/Tenant Signature

Date

Applicant / Resident: John Smith
 Property Name: Winston Property
 Effective Date: 3/1/2024

TAX CREDIT Workbook (Assets)

		Verified / Single Statement					
		Applicant Resident	Type of Asset	Cash Value	Interest Income	Dividend	Income from Asset
		Rufus Gilmer	SAV 8857	\$ 126.27			\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Total	\$ -						\$ -
Number of statements	0						\$ -
Total Average							\$ -
Interest	0.00%						\$ -
Income from Asset							\$ -

Bank Statements		VOD
Applicant / Resident:	CHECKING	Average Balances
Total	\$ -	
Number of statements	0	
Total Average		
Interest	0.00%	
Income from Asset		

Bank Statements		VOD
Applicant / Resident:	CHECKING	Average Balances
Total	\$ 0.84	
Number of statements	1	
Total Average	\$ 0.84	
Interest	0.00%	
Income from Asset	\$ 0.00	

		Home Calculation - DO NOT USE ZILLOW! Must obtain appraisal!		
		Applicant / Resident:	Home Value	Total Equity
Home Value				\$ -
1st Comparison				Closing Cost %
2nd Comparison				Closing Cost
Total	\$ -			Cash Value
Average	\$ -			Total Owners
Liability				Net Cash Value
		Applicant / Resident:	Home Value	Total Equity
Home Value				\$ -
1st Comparison				Closing Cost %
2nd Comparison				Closing Cost
Total	\$ -			Cash Value
Average	\$ -			Total Owners
Liability				Net Cash Value

Total Cash Value	\$ 127.11
Total Income	\$ 0.00
Value is over 5,000	\$ -
HUD Passbook Rate	0%
Imputed Income	\$ -

Total Asset Income \$ -



- PO Box 2500
Denver, CO 80201-2500

1001 TRN

S

X ST01

Uni-Statement

Account Number:

3 553 3532 5728

Statement Period:

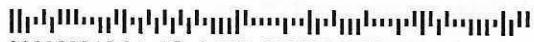
Oct 26, 2023

through

Nov 24, 2023



Page 1 of 2


 000023316 01 AB 0.537 000638602656631 P Y

John Smith
1971 Fulton Street
Hinton, West Virginia 25951

**To Contact U.S. Bank****By Phone:**499 -US BANKS
(345-432-5452)**U.S. Bank accepts Relay Calls****Internet:**

usbank.com

NEWS FOR YOU

Scan here with your phone's camera to download the U.S. Bank Mobile App.



Protecting your personal information is one of our top priorities. We also take great care to make sure your information is accurate. As we continue getting to know you, you may receive a future call to ensure your account information is up to date. As a financial institution, we safeguard your account through *Know Your Customer*, an important banking guideline to mitigate risk.

To learn more about the Know Your Customer policy, please visit usbank.com/KYC.

STANDARD SAVINGS

U.S. Bank National Association

Member FDIC**Account Summary****Account Number** 3 553 3532 5728

Beginning Balance on Oct 26	\$ 12.54	Number of Days in Statement Period	30
Deposits / Credits	1,153.73		
Card Withdrawals	120.00-		
Other Withdrawals	920.00-		
Ending Balance on Nov 24, 2023	\$ 126.27		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Nov 1	Federal Benefit Deposit REF=232990040493580N00	From SSI TREAS 310 XXSUPP SEC9101736121 8875 S	\$ 351.73
Nov 3	Federal Benefit Deposit REF=233040069374270N00	From SSA TREAS 310 XXSOC SEC 9031736039 8875A S	\$ 802.00
		Total Deposits / Credits	\$ 1,153.73

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-4765

Date	Description of Transaction	Ref Number	Amount
Nov 20	ATM Withdrawal	US BANK BOYLE HE LOS ANGELES CA Serial No. 007170071927SUS4W658	\$ 120.00-
		Card 4765 Withdrawals Subtotal	\$ 120.00-
		Total Card Withdrawals	\$ 120.00-



John Smith
1971 Fulton Street
Hinton, West Virginia 25951

Uni-Statement

Account Number:

3 553 3532 5728

Statement Period:

Oct 26, 2023

through

Nov 24, 2023



Page 2 of 2

STANDARD SAVINGS

(CONTINUED)

Account Number 2-582-1460-8857

U.S. Bank National Association

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Nov 1	Customer Withdrawal	8612771767	\$ 320.00-
Nov 3	Customer Withdrawal	9212463846	400.00-
Nov 6	Customer Withdrawal	8015032669	100.00-
Nov 15	Customer Withdrawal	8612829492	100.00-
		Total Other Withdrawals	\$ 920.00-



**TENANT INCOME AND RENT CERTIFICATION FORM
LOS ANGELES HOUSING DEPARTMENT**

Unit #: 103
Program Type: MP LU NPP-Rh EQ

This form is to certify: 1) rent charged and 2) tenant income eligibility to participate in one of the City of Los Angeles' affordable housing programs. Both the owner/manager and the head-of-household must complete, sign, and date the form. Income for all adults (over 18 years old) household members must be reported. For some programs, tenant income certification is required on an annual basis.

PART A.

GENERAL PROPERTY INFORMATION

Project Name:	Winston Property	Prpty Mgr(s):	Errol Jackson
Property Address:	- 2997 Seth Street Tow, Texas 78672	Phone	-5438539535 FAX: -3237805966
Owner Name:	Winston	Email:	acssessorganaisation@org.com
Owner Address:	- 824 Brooke Street Sugar Land, Texas 77487	Phone:	535-535-7477

PART B. UNIT AND TENANT HOUSEHOLD INFORMATION			
Unit #	No. of Bdrms	Move in Date	Certification Type (select one)
103	0	10/23/17	<input type="checkbox"/> New Tenant Date _____ <input type="checkbox"/> Change in Hshld Size Date _____ <input checked="" type="checkbox"/> Recertification Date 3/1/24
Income % Level		HOME program only	Utilities paid by tenant (2)
<input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> VLL <input checked="" type="checkbox"/> 40 <input type="checkbox"/> 60 <input checked="" type="checkbox"/> VL <input type="checkbox"/> 50 <input type="checkbox"/> 120 <input type="checkbox"/> Low <input type="checkbox"/> 80 <input type="checkbox"/> 150 <input type="checkbox"/> Mod <input type="checkbox"/> 35 <input type="checkbox"/> other _____		<input type="checkbox"/> High HOME <input type="checkbox"/> Low HOME <input type="checkbox"/> HOME/Tax Credits <input type="checkbox"/> HOME/SRO/Group	<input type="checkbox"/> Basic Electricity Heating <input type="checkbox"/> Electric Heating <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Gas Water <input type="checkbox"/> Gas Heating <input type="checkbox"/> Gas Cooking <input type="checkbox"/> Water
(1) Tenant Portion of Rent	(2) Utility Allwnc	(3) Rental Subsidy <input checked="" type="checkbox"/> Project Based Rental Subsidy \$ 629.00 <input type="checkbox"/> Housing Choice Voucher \$ _____ <input type="checkbox"/> Shelter Plus Care \$ _____ <input type="checkbox"/> Other Rental Subsidy \$ _____	Total Unit Rent (1+2+3) \$ 965.00
5. Total (column 4) "Actual Income from Assets": \$0.00			
6. Total (column 3) "NCV of Assets": \$126.00			
7. If Item #6 is greater than \$5000, multiply by ____ % (HUD Passbook Rate) enter the results here; otherwise leave blank. 0			
8. Enter the greater of 5 or 7 from above: \$0.00			

PART D. TENANT HOUSEHOLD COMPOSITION AND GROSS ANNUAL INCOME (Must be completed by Head of Household)

RACE of Head of Household (Check all that apply) I decline to furnish this info.
 American Indian or Alaska Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander White Other

Ethnicity of Head of Household (Check one) I decline to furnish this info.
 Non-Hispanic or Latino Hispanic or Latino

Household Size	(1) Tenant/Occupants Name (Include students and/or other temporary absentee family members)	Relationship (to Head of Household)	Gender	Age	(2) Projected Annual Household Income			
					Type of Income* (see page 2)	*Is supporting Documentation on File?	Current Monthly Gross Income	Projected Gross Annual Income
1	Gilmer, Rufus	H of H			Pension/Benefits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	\$375.94	<u>4,511.28</u>
2	Gilmer, Rufus	Other			Pension/Benefits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	\$827.00	<u>9,944.00</u>
3						Yes <input type="checkbox"/> No <input type="checkbox"/>		
4						Yes <input type="checkbox"/> No <input type="checkbox"/>		
5						Yes <input type="checkbox"/> No <input type="checkbox"/>		
6						Yes <input type="checkbox"/> No <input type="checkbox"/>		

Tenant Phone number: 14,435.20 (3) Total Projected Household Income:
Email: 14,435.20 (4) Enter the amount from Part C-8 as "Total Asset Income":
(5) Total Income: 14,435.20

*Income Source & Documentation- Submitted and on File for Head of Household (cont. page 2 for additional occupants)

Wages/Salaries	Self Employment	Pension/Benefits / Public Assistance	Assets	Other
<input type="checkbox"/> Pay stubs	<input type="checkbox"/> Tax schedule/return	<input checked="" type="checkbox"/> Award Letter <input type="checkbox"/> Unemployment	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs <input type="checkbox"/> Welfare	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Child Support/Alimony
	<input type="checkbox"/> IRS 450GT	<input type="checkbox"/> Bank Statement <input checked="" type="checkbox"/> SS, SSI, SSDI	<input checked="" type="checkbox"/> Bank Statement	<input type="checkbox"/> Military Pay

STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?
 YES NO

If YES, check the student explanation (Check one)
 AFDC/TANF Assistance Job Training Program
 Single Parent / Dependent Child Married / Joint Return
 Former Foster Care

PART E

TENANT AND OWNER/AGENT ACKNOWLEDGEMENTS

Under penalty of perjury, I certify that the information I provided about my household income is true and accurate to the best of my knowledge. Title 18, Section 1001 of the U.S. Code states "a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government." I further agree to provide any income source document item that is required to establish my eligibility, comply with terms of my lease, and avoid potential rent increases.

John Smith

1-9-21

Head of Household Signature

Date

I certify that I have verified each source and amount of gross income this tenant household has declared. I find the household to be eligible to occupy a restricted unit.

 Owner Property Manager

Signature

Date

2-8-24

Co-head of House Hold / Other Adult Signature

Date

Print Name

Mike Payne

DEFINITIONS

(Complete definitions are available from the property representative or the United States Department of Housing and Urban Development Technical Guide – "Determining Income and Allowances")

Part C Assets (Calculate above)	Cash or non-cash items that can be converted to cash. The total market value of any checking or savings accounts, IRAs, stocks, bonds, trusts controlled by a family member, equity in real property, and other forms of capital investment (excluding furniture and automobiles).
Part D	Type of Income
Job	Amount before any deductions of wages and salaries, overtime pay, commissions, fees, tips and bonuses.
Self Employment	Net income from the operation of a business or from the rental of property. Some business expenses can be used as deductions in determining net income.
Social Security	The full amount of payments from social security, annuities, insurance policies, retirement funds, pensions, disability, or death benefits, or other similar payments.
Unemployment	Payments such as unemployment and disability compensation, worker's compensation and severance pay.
Welfare	Welfare Assistance payments, excluding the value of food stamps.
Alimony/ Child Support	Alimony, child support payments, and regular contributions or gifts from persons not residing in the dwelling.
Trust fund	Any income from any trust not controlled by a family member.
Military pay	All regular pay, special pay and allowances of a member of the Armed Forces.
Other	List any other income.

*Income Source Documentation - Submitted and on File for:

Tenant-Occupant #2

<u>Wages/Salaries</u>	<u>Self Employment</u>	<u>Pension/Benefits / Public Assistance</u>	<u>Assets</u>	<u>Other</u>
<input type="checkbox"/> Pay stubs	<input type="checkbox"/> Tax schedule/return	<input type="checkbox"/> Award Letter <input type="checkbox"/> Unemployment	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Other
<input type="checkbox"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs <input type="checkbox"/> Welfare	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Child Support/Alimony
	<input type="checkbox"/> IRS 450GT	<input type="checkbox"/> Bank Statement <input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Military Pay

Tenant-Occupant #3

<u>Wages/Salaries</u>	<u>Self Employment</u>	<u>Pension/Benefits / Public Assistance</u>	<u>Assets</u>	<u>Other</u>
<input type="checkbox"/> Pay stubs	<input type="checkbox"/> Tax schedule/return	<input type="checkbox"/> Award Letter <input type="checkbox"/> Unemployment	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Other
<input type="checkbox"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs <input type="checkbox"/> Welfare	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Child Support/Alimony
	<input type="checkbox"/> IRS 450GT	<input type="checkbox"/> Bank Statement <input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Military Pay

Tenant-Occupant #4

Wages/Salaries	Self Employment	Pension/Benefits / Public Assistance	Assets	Other
<input type="checkbox"/> Pay stubs	<input type="checkbox"/> Tax schedule/return	<input type="checkbox"/> Award Letter <input type="checkbox"/> Unemployment	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs <input type="checkbox"/> Welfare	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Child Support/Alimony
	<input type="checkbox"/> IRS 450GT	<input type="checkbox"/> Bank Statement <input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Military Pay

Tenant-Occupant #5

Wages/Salaries	Self Employment	Pension/Benefits / Public Assistance	Assets	Other
<input type="checkbox"/> Pay stubs	<input type="checkbox"/> Tax schedule/return	<input type="checkbox"/> Award Letter <input type="checkbox"/> Unemployment	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs <input type="checkbox"/> Welfare	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Child Support/Alimony
	<input type="checkbox"/> IRS 450GT	<input type="checkbox"/> Bank Statement <input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Military Pay

Tenant-Occupant #6

Wages/Salaries	Self Employment	Pension/Benefits / Public Assistance	Assets	Other
<input type="checkbox"/> Pay stubs	<input type="checkbox"/> Tax schedule/return	<input type="checkbox"/> Award Letter <input type="checkbox"/> Unemployment	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs <input type="checkbox"/> Welfare	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Child Support/Alimony
	<input type="checkbox"/> IRS 450GT	<input type="checkbox"/> Bank Statement <input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Military Pay

Tenant-Occupant #7

Wages/Salaries	Self Employment	Pension/Benefits / Public Assistance	Assets	Other
<input type="checkbox"/> Pay stubs	<input type="checkbox"/> Tax schedule/return	<input type="checkbox"/> Award Letter <input type="checkbox"/> Unemployment	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs <input type="checkbox"/> Welfare	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Child Support/Alimony
	<input type="checkbox"/> IRS 450GT	<input type="checkbox"/> Bank Statement <input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Military Pay

Tenant-Occupant #8

Wages/Salaries	Self Employment	Pension/Benefits / Public Assistance	Assets	Other
<input type="checkbox"/> Pay stubs	<input type="checkbox"/> Tax schedule/return	<input type="checkbox"/> Award Letter <input type="checkbox"/> Unemployment	<input type="checkbox"/> Award Letter	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employer verification	<input type="checkbox"/> Accountant Report	<input type="checkbox"/> Check Stubs <input type="checkbox"/> Welfare	<input type="checkbox"/> Check Stubs	<input type="checkbox"/> Child Support/Alimony
	<input type="checkbox"/> IRS 450GT	<input type="checkbox"/> Bank Statement <input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Military Pay

(Please attach additional pages for more than 4 Occupant-Tenants)

DETERMINATION OF INCOME ELIGIBILITY

TOTAL ANNUAL HOUSEHOLD
INCOME FROM ALL SOURCES:
From item (L) on page 1

13,844.79
\$ 13,844.76

Unit Meets Federal
Income Restriction at:

60% 50%

RECERTIFICATION ONLY:

Current Federal LIHTC
Income Limit x 140%:

\$ 70,056.00

Current Federal LIHTC Income Limit per
Family Size (Federal Income Restriction at
60%, 50% or A.I.T (20% - 80%)): \$ 50,040.00

Or Federal A.I.T at:
 80% 70% 60% 50%

If Applicable, Current Federal Bond
Income Limit per Family Size: \$

40% 30% 20%

Household Income as of Move-in: \$ 12,035.31

Unit Meets State Deeper
Targeting Income Restriction
at:

Household Income exceeds
140% at recertification:

Yes No

Household Size at Move-in: 1

PART VI. RENT

Tenant Paid Monthly Rent \$ 282.00

Federal Rent Assistance : \$ 619.00 *Source : 5

Monthly Utility Allowance \$ 0.00

Non - Federal Rent Assistance : \$ 0.00 (*0-8):

Other Monthly non-optional charges: \$ 0.00

Total Monthly Rent Assistance : \$ 619.00

GROSS MONTHLY RENT FOR UNIT :

(Tenant paid rent plus Utility Allowance &
other non-optional charges)

\$ 282.00

*Source of Federal Assistance

1 **HUD Multi-Family Project-Based Rental Assistance(PBRA)

2 Section 8 Moderate Rehabilitation

3 Public Housing Operating Subsidy

4 HOME Rental Assistance

5 HUD Housing Choice Voucher(HCV), tenant-based

6 HUD Project-Based Voucher(PBV)

7 USDA Section 521 Rental Assistance Program

8 Other Federal Rental Assistance

0 Missing

Maximum Federal LIHTC Rent Limit for
this unit : \$ 1,251.00

** (PBRA) Includes: Section 8 New Construction/Substantial Rehabilitation:
Section 8 Loan Management: Section 8 Property Disposition: Section 202
Project Rental Assistance Contracts(PRAC)

If Applicable, Maximum Federal & State
LIHTC Bond Rent Limit for this unit : \$

Unit Meets Federal Rent Restriction at: 60% 50%
Or Federal A.I.T at: 80% 70% 60%
 50% 40% 30%
 20%

If Applicable, Unit Meets Bond Rent
Restriction at: 60% 50%

Unit Meets State Deeper
Targeting Rent Restriction at: Other 35 %

PART VII. STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

If yes, Enter student explanation*
(also attach documentation)

*Student Explanation:

yes no

Enter
1-5

- 1 AFDC/TANF Assistance
- 2 Job Training Program
- 3 Single Parent/Dependent Child
- 4 Married/Joint Return
- 5 Former Foster Care

PART VIII. PROGRAM TYPE

Identify the program(s) for which this household's unit will be counted toward the property's occupancy requirements.

Select one of the following.

- 9% Allocated Federal Housing Tax Credit
- 4% Allocated Federal Housing Tax Credit
- Tax-Exempt Bond Only (No tax credits)

Select all that apply.

- HOME (including TCAP)
- CDBG
- Other HUD, including 202, 811, and 236
- National Housing Trust Fund
- USDA Rural Housing Service, including 514,515, and 538
- Other state or local housing programs

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proof and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

Michael Brown

SIGNATURE OF OWNER/REPRESENTATIVE

1-27-23

DATE

PART I... SUPPLEMENTAL INFORMATION FORM

The California Tax Credit Allocation Committee (CTCAC) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although the CTCAC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter both Ethnicity and Race codes for each household member (see below for codes).

TENANT DEMOGRAPHIC PROFILE						
HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled
1	SMITH	JOHN	E	2	2	1
2						
3						
4						
5						
6						
7						

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent:

- | | |
|------------------|------------------|
| 4a - Asian India | 4c - Korean |
| 4b - Chinese | 4f - Vietnamese |
| 4c - Filipino | 4g - Other Asian |
| 4d - Japanese | |

- 5 – Native Hawaiian/Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands:

- | | |
|----------------------------|-----------------------------|
| 5a - Native Hawaiian | 5c - Samoan |
| 5b - Guamanian or Chamorro | 5d - Other Pacific Islander |

- 6 – Other

- 7 – Did not respond **(Please initial below)**

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 3 – Did not respond. **(Please initial below)**

Disability Status:

- 1 – Yes

If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used, please see 24 CFR 100.201, available at <http://fairhousing.com/legal-research/hud-regulations/24-cfr-100201-definitions>.
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is transgender.

- 2 – No

- 3 – Did not respond. **(Please initial below)**

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials)
(HH#)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____