

INCOME CERTIFICATION

Name: _____

Address: _____

Part I: HOUSEHOLD COMPOSITION AND INCOME – (To be completed by subgrantee)

A. Household Composition

(List all members in household, including minors)

1. Name (Last, First)	DOB	2. Total # of Persons in Household
A.		
B.		
C.		
D.		

B. Asset Information

	Asset Description	Total Cash Value	Income from Assets
A.			
B.			
C.			
D.			
4. Total Net Value of Assets		4. \$	
5. Total Actual Asset Income			5. \$
6. If line 4 is greater than \$5,000, multiply line 4 by passbook savings rate and enter Result here; otherwise, leave blank. Passbook savings rate = _____ %			6. \$

C. Anticipated Annual Income Information

Household Member	a. Wages/Salaries	b. Benefits/Pensions	c. Public Assistance	d. Other Income	e. Asset Income
A.					Enter the greater of lines 5 or 6 in box e
B.					
C.					
D.					
7. Totals	a.	b.	c.	d.	e.

8. Enter total of items 7a. through 7e. This is Annual Income	8. \$
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Part II: HOUSEHOLD CERTIFICATION

I/We certify that the information presented in Part I of this form is true and correct to the best of my/our knowledge and belief. I/We consent to the disclosure of such information to the Federal or State agency with oversight of the program(s), and to the New Mexico Mortgage Finance Authority in its capacity to monitor the property's compliance with applicable program requirements. I/We understand that this certification is part of the application process and does not guarantee occupancy.

(Signature – Head of Household)

(Date)

(Signature – Co-Head of Household)

(Date)

Part III: ELIGIBILITY DETERMINATION

A. Type of certification: **HOME Max Income:** _____

Initial **Recert** **Household Income:** _____

B. Applicable Programs and Income Status

Mark the program(s) listed below (a. through d.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

<p>a. Housing Credit</p> <p style="text-align: center;"><i>Income Status</i></p> <p><input type="radio"/> Income Eligible</p> <p><input type="radio"/> OI**</p>	<p>b. HOME</p> <p style="text-align: center;"><i>Income Status</i></p> <p><input type="radio"/> ≤ 40% AMGI</p> <p><input type="radio"/> ≤ 50% AMGI</p> <p><input type="radio"/> ≤ 60% AMGI</p> <p><input type="radio"/> OI**</p>	<p>c. AHDP</p> <p style="text-align: center;"><i>Income Status</i></p> <p><input type="radio"/> ≤ 50% AMGI</p> <p><input type="radio"/> ≤ 60% AMGI</p> <p><input type="radio"/> ≤ 80% AMGI</p> <p><input type="radio"/> OI**</p>	<p>d.</p> <p style="text-align: center;"><i>Income Status</i></p> <p><input type="radio"/> _____</p> <p><input type="radio"/> _____</p> <p><input type="radio"/> _____</p> <p><input type="radio"/> OI**</p>
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** Upon recertification, this household was determined to be over-income (OI) according to the eligibility requirements of the program(s) marked above.

C. Unit Information

<i>EFFECTIVE DATE:</i>	<i>FROM:</i>	<i>TO:</i> _____	
<i>MAX CREDIT RENT:</i>			
a. Tenant Paid Rent:		b. No. of Bedrooms:	_____
c. Assistance Payment:		d. Move-in Date:	_____
e. Utility Allowance (UA): <i>(Except AHDP)</i>		f. Source of UA <i>(Except AHDP)</i>	

Part IV: Agency CERTIFICATION

I have verified the information presented in Part I of this form in accordance with the requirements of the programs marked in Part III-B and the provisions of any applicable deed restrictions. I possess the documentation necessary to support this certification/recertification. To the best of my knowledge, the information presented on this form is complete and accurate.

(Signature of Agency Authorized Representative)

(Date)

(Printed Name)

(Printed Title)

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.