



EQUAL HOUSING
OPPORTUNITY

Type of certification: Initial Recert

Household Size (used for income limits): _____

HOME Max Income Limit: \$ _____

Household Income Total: \$ _____

INCOME CERTIFICATION

Name: _____

Address: _____

Part I: HOUSEHOLD COMPOSITION AND INCOME (To be completed by Program Administrator)

Household Composition (List all members in household, including minors)

Household Member	Name (Last, First)	DOB	2. Total # of Persons in Household
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			

A. Asset Information

	Asset Description	Total Cash Value	Income from Assets
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
4. Total Net Value of Assets		4. \$	
5. Total Actual Asset Income			5. \$
6. If the amount on line 4 exceeds the current Consumer Price Index (CPI) annually adjusted threshold, multiply line 4 by the current Passbook Savings Rate and enter the result here. *CPI effective 1/1/26 = \$52,787* *Passbook Savings Rate: effective 1/1/26 = 0.40%*			6. \$

B. Anticipated Annual Income

Household Member	a. Wages/Salaries	b. Benefits/Pensions	c. Public Assistance	d. Other Income	e. Asset Income (Use the greater value of 5 or 6 to above)
A.					
B.					
C.					
D.					
E.					
F.					
G.					
H.					
7. Totals	a.	b.	c.	d.	e.
8. Total Estimated Household Income (Enter sum of items 7a. through 7e.)					\$

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 program approval.

Signature - Head of Household

Date

Signature - Adult Household Member

Date

Signature - Adult Household Member

Date

Signature - Adult Household Member

Date

Part III: 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



PENALTY FOR FALSE OR FRAUDULENT STATEMENT:

Title 18, Section 1001 of the U.S. Code states that knowingly providing false or misleading statements or information, concealing facts, or submitting falsified documents in connection with a federally funded housing program is a violation of federal law and could result in civil or criminal penalties such as fines, imprisonment, or both. This includes false statements about income, assets, or eligibility during application or recertification.