# AHTC Form 300 AFFORDABLE HOUSING TAX CREDIT PROGRAM TENANT INCOME CERTIFICATION

The	e undersigned hereby certifies that:		% Set-aside	☐ Recertification	ion
1.	<b>Project and Unit Identification:</b> This Incoundersigned's application for occupancy in t			nection with the	
	Project Name:		Unit Number:		
	Project Address:		Building Address:		
	City/State/Zip:		Unit Size:	BR S	q Ft
	Move-In Date:		Effective Date:		
2.	Household Information: List all occupants occupants, their ages, and indicate whether absent family members (such as military/stuany unborn children.	they are full-time stud	ents. Be sure to in	clude any tempora	rily
	Tenant's Name (Last, First & Middle Initial)	Relationship	Age	Student (Yes or No)	
	Other Household Members (i.e. foster childs  Tenant's Name (Last, First & Middle Initial)	ren, live-in attendants) Relationship	Age	Student (Yes or No)	

- 3. All occupants that are listed as students in #2 above must also complete AHTC Form #800--Student Certification Form.
- 4. Household Asset Information: Assets are items of value, other than necessary personal items, and are considered along with verified income to determine the eligibility of a household. Net family assets include, but are not limited to the following: cash on hand, savings and checking accounts, trusts, equity in real estate and other capital investments, stocks, bonds, treasury bills, certificates of deposit, money market funds, IRA's & Keogh Accounts, retirement and pension funds, lump sum receipts (i.e. lottery winnings), and personal property held for as an investment (i.e. gem or coin collections, paintings, antique cars, etc.). Refer to section 5.4 of the Compliance Manual for a more complete listing of assets.

4. Household Asset Information (Cont.)

Type of Asset	Cash Value of Asset	Actual Yearly Income from Assets
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	4a \$	4b \$
If the total in box 4a exceeds \$5,000, multiply 4a by the HUD Passbook rate ()% and put that amount in 4c. If the total in box 4a is \$5,000 or less, put a zero (0) in 4c.		4c \$
Compare line 4b to 4c and write the greater amount on line 4d.		4d \$

5. **Household Gross Annual Income:** The total anticipated gross income (before any deductions) for all residents 18 years and older listed in section 2 above for the next 12-month period (commencing with the occupancy or lease renewal date) which includes, **but is not limited to**: wages, overtime, bonuses, commissions, tips, bonuses, self-employment income, and/or income from assets or investments, social security, pensions, and public assistance.

Also included in the total anticipated gross income is **other income** which includes, **but is not limited to**: monetary gifts, reimbursements for medical expenses, scholarships, alimony, child support, worker's compensation, severance pay, unemployment compensation, or earned income tax credit to the extent it exceeds income tax liability, regular and special pay and allowances of members of the Armed Forces (whether or not living in the dwelling). See **section 5.3** of the Compliance Manual for a more complete listing of income.

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## 5. Household Gross Annual Income (Cont.)

Tenant Name	Source of Income	Gross Income
		\$
		\$
		\$
		\$
		\$
		\$
5a. Total Household Income		\$

## 6. Total Projected Household Income

a. Household Income From Line 5a	\$
b. Asset Income Line 4d	\$
c. Total Projected Household Income (add lines 6a & 6b above)	\$

### 7. Household Qualification:

a. Total Projected Gross Annual Income (From Line 6c above)	\$
b. Maximum LIHC Income Limit	\$
c. Is this Household income qualified for an LIHTC unit? Yes No	

The information on this form will be used to determine maximum income eligibility. I (we) have provided for each person(s) set forth in paragraph 2 acceptable verification of current anticipated annual income. I (we) agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving into the unit.

Under penalties 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 understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Applicant/Tenant's Signature:	_ Date:	
Applicant/Tenant's Signature:	Date:	
Applicant/Tenant's Signature:	Date:	
Applicant/Tenant's Signature:	Date:	
OWNER'S STATEMENT:		
Based on the representations herein and upon the proofs and docusections 4 & 5, hereof, the individual(s) named in paragraph 2 of the provisions of Section 42 of the Internal Revenue Code, as amende applicable), to live in a tax credit unit in the Project.	is Income Certificat	ion is(are) eligible under the
Owner's or Owner's Representative's Signature:	Date:	