



Top Quality Housing That Fits Your Budget!

IMPORTANT - time-sensitive!

January 30, 2020

John Thomson
316D Safford Street
Bennington, VT 05201

Re: Annual Income Recertification

Dear John:

As a condition for financing granted by funders to rehabilitate, is required to annually re-certify income for all tenants. Our records show the following information regarding your sources of income:

Income Source: Social Security (Verify 2020 Benefit Amount)

Bank Account : Adirondack Trust

If this information is correct, please sign below and return via the envelope provided. Include documentation confirming anticipated annual income for each source no later than:

If it is incorrect, note accordingly. Upon receiving all the necessary information, I will call to arrange a meeting to obtain your signature verifying that you have disclosed all sources of income.

Sincerely,

Property Manager

I AGREE WITH THE SOURCES OF INCOME LISTED ABOVE



(Your signature is required)





Top Quality Housing That Fits Your Budget!

RECERTIFICATION UPDATE

Date: _____

Please list all current information and note any changes which may have occurred since your last certification.

1. RESIDENT INFORMATION

Name: _____
 Head of household

Unit Address: _____

Mailing Address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Co-tenant work phone: _____

	Name	Relationship to Head	Birthdate	Age	SS#	Student Y/N
Head		Self				
Co-T						
3						
4						
5						
6						
7						

Have there been any changes in household composition in the last 12 months? YES NO
 If YES, explain

Do you anticipate any changes in household composition in the next 12 months? YES NO
 If YES, explain

Is this the entire household to occupy the unit? YES NO
 If NO, list and explain:

No one else can join the household without prior management approval.	Do you plan to have anyone living with you in the future who is not listed above?	YES	NO
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If YES, list and explain:

Have there been any changes in the household since the previous certification YES NO
 If YES, what were the changes?

➡ Please complete back

To be clear in regard to government definitions, below is a checklist of household income and assets. Please answer YES or NO to the following and if YES, provide the amounts. Do you or any member of your household have income from

Social Security	Yes	No	\$
SSI	Yes	No	\$
Pension	Yes	No	\$
Annuity	Yes	No	\$
Veterans benefits	Yes	No	\$
Disability	Yes	No	\$
Unemployment	Yes	No	\$
Workmen's Comp	Yes	No	\$
TANF/Reach UP	Yes	No	\$
Public assistance	Yes	No	\$
Employment: Indicate current employer(s)	Yes	No	\$
Do you receive alimony?	Yes	No	\$
Are you entitled to receive alimony?	Yes	No	\$
Do you receive child support?	Yes	No	\$
Are you entitled to receive child support?	Yes	No	\$
Military Pay	Yes	No	\$
Net income from business	Yes	No	\$
Contributions (monetary or not) from friends/relatives/etc	Yes	No	\$
Income from assets	Yes	No	\$
Long term medical care insurance payments in excess of \$180/day	Yes	No	\$
Any other income	Yes	No	\$
*Grants or scholarships	Yes	No	\$

*not included in calculating income, but may aid management in determining student status as well as financial ability to pay rent.

Do you file income tax returns?	YES	NO
Please list total household income for previous year	\$	
If this differs from current year, please explain.		
Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on page 2?	YES	NO
If YES, please explain:		
Real Estate Property: Do you own any property?	YES	NO
If YES, type of property:		
Location of property:		
Appraised market value	\$	
Mortgage or outstanding loan balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	
Do you or any member of your household have any other assets not listed above (excluding personal property)?	YES	NO
If YES, please list:		

CERTIFICATION BY TENANT(S): I/we understand and answered all questions on this recertification update. I/we certify that all answers are true to the best of my/our knowledge and that any misrepresentations of information or false statements are punishable under Federal Law.



Signature of head of household

Date



Signature of Tenant #3

Date

Signature of Tenant #2

Date

Signature of Tenant #4

Date

DO NOT IGNORE - THIS FORM IS REQUIRED

STUDENT STATUS AFFIDAVIT
(LIHTC or Tax Exempt Bond Compliance Period)

Applicant/Tenant Name: _____
Address: _____

Completed For: (check one)

Move-in; effective date: _____
 Annual recertification; effective date: _____

Will all of the persons in your household be or have been full-time students during five calendar months of the certification year? Yes No

If YES, then is anyone in your household:

- A student and receiving AFDC/TANF? Yes No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? Yes No
- A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state or local program? Yes No
- A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependants of another individual other than a parent? Yes No
- Married and file a joint return Yes No
- Has the person attended school full-time during any part of 5 months of this calendar year? Yes No
- Months/year attended full time ___/___/___ to ___/___/___

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.



(Signature of Tenant)

(Signature of Co-Tenant)

(Signature of Co-Tenant)

(Signature of Co-Tenant)

(Signature of Manager)



Date

Date

Date

Date

Date

DO NOT IGNORE - THIS FORM IS REQUIRED

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets are less than \$5,000.00
Complete only ONE form per household; include assets of children

Applicant/Tenant: _____ **Unit #:** _____

Complete 1 or 2:

- 1. I/we do not have any assets at this time (skip to #5)
- 2. I/we do have assets as follows:

Cash on hand	\$ _____		
Balance(s) on prepaid debit card(s)	\$ _____	\$ _____	\$ _____
Average 6 mo checking acct balance	\$ _____	Interest/Dividend Income:	_____
Current savings acct balance	\$ _____	Interest/Dividend Income:	_____
401k/IRA	\$ _____	Interest/Dividend Income:	_____
CD/Money Market	\$ _____	Interest/Dividend Income:	_____
Stocks/Bonds/Retirement	\$ _____	Interest/Dividend Income:	_____
Life Insurance (except Term)	\$ _____	Interest/Dividend Income:	_____
Safe Deposit Box	\$ _____	Interest/Dividend Income:	_____
Equity in Real Estate	\$ _____	Rental Income:	_____
Lump Sum Amounts received	\$ _____	<i>i.e. lottery/inheritance/insurance/lawsuit</i>	
Other:	\$ _____	Interest/Dividend Income:	_____
Other:	\$ _____	Interest/Dividend Income:	_____
Other:	\$ _____	Interest/Dividend Income:	_____

- For all assets list the cash value which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list pension or retirement account balances that cannot be accessed without terminating employment
- Do not list necessary personal property such as clothing, furniture, televisions, etc.
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.
- Answer all items. If you do not have a specific type of asset, write "N/A."

- 3. The total net household assets above are less than \$5,000.00 YES NO
- 4. Total annual income from all assets is: _____
- 5. In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for less than fair market value: YES NO
 If YES list asset disposed: _____ Date of disposal: _____
 Fair market value: _____ Amount received: _____

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



(Signature of Tenant)

Date



(Signature of Tenant)

Date

(Signature of Tenant)

Date



AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit # _____

Property Name: _____

Address: _____

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

Authorized Signature

Title

Print Name

Date

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information.



Signature

Date



Verification form is attached.

