

ORANGE COUNTY HOUSING FINANCE AUTHORITY

2211 HILLCREST ST. | ORLANDO, FL 32803 | (o) 407-894-0014 | (f) 407-898-2342 | email: mguzman@ochfa.com
 ATTN: PROGRAM OPERATIONS ADMINISTRATOR - MILDRED GUZMAN

INITIAL CERTIFICATION
 RE-CERTIFICATION

TENANT INCOME CERTIFICATION

PROPERTY _____ PROPERTY ADDRESS _____ COUNTY _____ MOVE-IN DATE _____ UNIT # _____

PART I - HOUSEHOLD COMPOSITION

HH Mbr#	Last Name	First Name	Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Place of Employment
1				H - Head			
2							
3							
4							
5							
6							
7							
8							

PART II - GROSS ANNUAL ANTICIPATED INCOME (use annualized amounts)

HH Mbr#	(A) Employment or Wages	(B) Social Security Pensions	(C) Welfare/Public Assistance	(D) Other Income	If Other: Indicate Type
Totals	Add totals from (A) through (D) above				TOTAL INCOME (E):

PART III - INCOME FROM ASSETS

HH Mbr #	(F) Type and Cash Value of Asset				If Other: Indicate Type	(G) Asset Income
	Checking	Savings	Certificate of Deposits	Other		

(F) TOTAL CASH VALUE:	Total Actual Asset Income (G)
Item "F" Total is entered if over \$5,000 <small>(ONLY IF THIS IS A LOW INCOME RESIDENT)</small>	X Passbook Percentage Rate* of 0.06% Imputed Income (H)
Enter the greater amount of: either "G" or "H" →	Total Income From Assets (I)
Add "E" and "J" →	Total Annual Household Income from All Sources (J)

~~This Unit one where all of the occupants are full time students, no one of whom is entitled to file a joint Federal Tax Return.~~~

INCOME GUIDELINES YEAR: _____ **INCOME MEDIAN:** _____ **% of MEDIAN INCOME:** _____

OWNER'S STATEMENT: The family or individual(s) named in Part II of this Income Certification is eligible under the provisions of the Land Use Restriction Agreement, by and among Owner, Issuer and Trustee to, live in a unit in the Development, as defined in the Loan Agreement and, the annual income from Part II and, if applicable, Part III will be _____; thus the family or individual(s), constitute(s):

Lower-Income Tenant Eligible Resident other than Lower-Income

PREPARED BY _____ DATE _____

I CERTIFY that this form has been verified by me, and that all the information obtained from the applicant has been reviewed in conformity with the Land Use Restriction Agreement requirements to determine eligibility of the applicants.

PROPERTY MANAGER _____ DATE _____

RESIDENT'S STATEMENT: The information on this form is to be used to determine maximum income for eligibility. **I/We have provided** acceptable verification of current anticipated annual income. I/We agree to notify the landlord immediately of any changes in the household composition, annual income or of any member of the family becoming a full time student.

I/We certify that the statements above are true and complete to the best of my/our knowledge and belief and are given under the penalty of perjury. False, misleading or incomplete information may result in the termination of the Lease Agreement.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____