



City of Houston  
Housing and Community Development Department  
**INCOME CERTIFICATION**

Initial Certification     Recertification     Other\* \_\_\_\_\_

Effective Date: _____
Move-in Date: _____ (MM/DD/YYYY)
FC # _____

**PART I – DEVELOPMENT DATA**

Property Name: \_\_\_\_\_ County: \_\_\_\_\_ Unit Number: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

**PART II. 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)	Social Security or Alien Reg. No.
1			HEAD			
2						
3						
4						
5						

**PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)**

HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____	\$ _____
Add totals from (A) through (D) above			<b>TOTAL INCOME (E):</b>	\$ _____

**PART IV. INCOME FROM ASSETS**

HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset
<b>TOTALS:</b>			\$ _____	\$ _____
Enter Column (H) Total		Passbook Rate		
If over \$5000    \$ _____		X    2.00%	=    (J) Imputed Income	\$ _____
Enter the greater of the total of column I, or J: imputed income <b>TOTAL INCOME FROM ASSETS (K)</b>				\$ _____
(L) Total Annual Household Income from all Sources [Add (E) + (K)]				\$ _____

**HOUSEHOLD CERTIFICATION & SIGNATURES**

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in Part II 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 in. I/we agree to notify the landlord immediately upon any member becoming a full time student.

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 and belief. 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.

**Please note:** Tenants residing in multi-family restricted units, subsidized through City of Houston grant funds, may complain to Housing and Community Development concerning substandard living conditions relating to Housing Quality Standards by completing a complaint form at <http://www.houstontx.gov/housing/multicompliance.html>.

Printed Name	(Date)	Printed Name	(Date)
Signature	(Date)	Signature	(Date)

**PART V. DETERMINATION OF INCOME ELIGIBILITY**

Total Household Income (from Pg. 1) \$ \_\_\_\_\_

Current Income Limit per Family Size: \$ \_\_\_\_\_

Household Income at Move-in : \$ \_\_\_\_\_

Household Meets  
Income Restriction  
at:  30%  50%  
 60%  80%  
 OI

Household Size at Move-in: \_\_\_\_\_

**PART VI. RENT**

A. Tenant Paid Rent: \$ \_\_\_\_\_

B. Rent Assistance: \$ \_\_\_\_\_

C. Utility Allowance \$ \_\_\_\_\_

D. Gross Rent For Unit \$ \_\_\_\_\_

Unit Meets Rent Restriction at:  
 50%  60%  80%  OI

Maximum Rent Limit for this unit: \$ \_\_\_\_\_

**PART VII. PROGRAM TYPE**

This household's unit will be counted toward the property's occupancy requirements. Indicate the household's income status as established by this certification/recertification.

a. HOME  b. CDBG  c. HOPWA  d. OTHER

50%  60%  80%  OI\*\*    \*\* Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.

**SIGNATURE OF OWNER/REPRESENTATIVE**

Based on the representation herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of program's rules, regulation and Land use Restriction Agreement (if applicable), to live in a unit in this Project.

\_\_\_\_\_  
SIGNATURE OF OWNER/REPRESENTATIVE                      DATE

**Checklist**

- For Office Use:  Rental amount on TIC matches amount on lease.  
 Lease and TIC dates match.  
 Prohibited Lease Terms excluded from lease.  
 Income from each household member included.  
 Received signatures from household members 18 years and older

## Supplement to the Income Certification

**Unit #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

See below for Ethnicity, Race, and Other codes that characterize household composition. Enter both Ethnicity and Race codes for each household member, and a code for Other, if applicable. Also indicate if an individual in the household qualifies the household for the Special Needs occupancy requirement specified in the Land Use restriction Agreement or other document.

HH Mbr #	Sex-Enter M or F	Age	Race	Ethnicity	Other	Special Needs? Y or N
1						
2						
3						
4						
5						
6						
7						

The City of Houston Housing and Community Development requests this information in order to monitor compliance with equal housing opportunity and fair housing goals. Although the Department would appreciate receiving this information, you may choose not to furnish it. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. **However, if you choose not to furnish it, the Management of the Development is required to note ethnicity, race, sex, age, and other household composition on the basis of visual observation or surname.** If you do not wish to furnish this information, please initial below.

**RESIDENT/APPLICANT:** I do not wish to furnish information regarding ethnicity, race, sex, age, and other household composition. *(Initials)* \_\_\_\_\_

<p><b>The following Ethnicity codes should be used:</b>                  A Hispanic                  B Not Hispanic</p>	<p><b>The following Race codes should be used:</b>                  A White                  B Black/African American                  C Asian                  D American Indian/Alaska Native                  E Native Hawaiian/Other Pacific Islander                  F American Indian/Alaska Native &amp; White                  G Asian &amp; White                  H Black/African American &amp; White                  I American Indian/Alaska Native &amp; Black African American                  J Other Multi Racial</p>	<p><b>The following other codes should be used:</b>                  A Elderly                  B Disabled                  C Elderly &amp; Disabled</p>
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### DEFINITIONS

**Ethnic Categories:**

- A. Hispanic- A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.
- B. Not Hispanic- A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture regardless of race.

**Racial Categories:**

- A. White- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- B. Black/African American- A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" apply to this category.
- C. Asian- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- D. American Indian/Alaskan Native- A person having original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- E. Native Hawaiian/Other Pacific Islander- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: The remaining racial categories (F-I) are multi racial categories made up of combinations of the single race categories defined above (A-E). If the appropriate multi-racial category is not listed, use the "Other Multi Racial" (J) category.

# Income Calculation Worksheet

Household Name: \_\_\_\_\_

Apartment #: \_\_\_\_\_

Weekly x 52  
Bi-Weekly x 26  
Semi-Monthly x24  
Monthly x 12