

# Tenant Household Information Form

(for use in Year 3 - 100% Tax Credit Properties only)

Effective Date: \_\_\_\_\_

Move-in Date: \_\_\_\_\_

MM-DD-YYYY

## PROJECT DATA

Property Name: \_\_\_\_\_ County: \_\_\_\_\_ TCAC # CA- \_\_\_\_\_ BIN #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ Square Footage: \_\_\_\_\_

## HOUSEHOLD COMPOSITION

Vacant (Check if unit was vacant on December 31 of the Effective Date Year)

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						
6						
7						

Effective Date of LIHTC Income Certification: \_\_\_\_\_

Household Size at LIHTC Certification: \_\_\_\_\_

## RENT

Tenant Paid Monthly Rent \$ \_\_\_\_\_  
 Monthly Utility Allowance \$ \_\_\_\_\_

Monthly Rent Assistance: \$ \_\_\_\_\_  
 Other Monthly Non-Optional Charges: \$ \_\_\_\_\_

GROSS MONTHLY RENT FOR UNIT:  
 (Tenant paid monthly rent plus monthly  
 Utility Allowance & other non-optional  
 charges)

Unit Meets Federal Rent Restriction at:

60%  50%

Unit Meets Deeper Targeting Rent Restriction at:

\_\_\_\_\_ %

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

## STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

Yes  No

If yes, Enter student explanation\*  
 (also attach documentation)

Enter  
 1-5

\*Student Explanation:

- 1 TANF assistance
- 2 Job Training Program
- 3 Single parent/dependent child
- 4 Married/joint return
- 5 Former Foster Care

\*If the above answer is yes, a Student Verification Form (completed via 3<sup>rd</sup> party) must be attached to this form

## SIGNATURE OF TENANT and OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation previously submitted, the occupant(s) listed on this Tenant Household Information Form is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement or Regulatory Agreement (if applicable), to live in a unit in this Project.

\_\_\_\_\_  
 SIGNATURE OF TENANT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF TENANT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF TENANT

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF TENANT

\_\_\_\_\_  
 DATE

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

\_\_\_\_\_  
 DATE

## SUPPLEMENTAL INFORMATION FORM

The California Tax Credit Allocation Committee (CTCAC) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although the CTCAC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter both Ethnicity and Race codes for each household member (see below for codes).

<b>TENANT DEMOGRAPHIC PROFILE</b>						
HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled
1						
2						
3						
4						
5						
6						
7						

**The Following Race Codes should be used:**

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – 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.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – 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.
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 6 – Other
- 7 – Did not respond. **(Please initial below)**

*Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.*

**The Following Ethnicity Codes should be used:**

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 3 – Did not respond. **(Please initial below)**

**Disability Status:**

- 1 – Yes
  - If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):
  - A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment and other terms used, please see 24 CFR 100.201, available at <http://www.fairhousing.com/index.cfm?method=page.display&pageID=465>.
  - “Handicap” does not include current, illegal use of or addiction to a controlled substance.
  - An individual shall not be considered to have a handicap solely because that individual is a transvestite.
- 2 – No
- 3 – Did not respond **(Please initial below)**

**Resident/Applicant:** I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) \_\_\_\_\_  
 (HH#)        1.            2.            3.            4.            5.            6.            7.

## INSTRUCTIONS FOR COMPLETING TENANT HOUSEHOLD INFORMATION FORM

*This simplified form is to be completed by the owner or an authorized representative after initial move-in and 1<sup>st</sup> recertification.*

Effective Date                      Enter the effective date of the certification. For annual recertification's, this effective date should be no later than one year from the effective date of the previous (re)certification.

Move-In Date                      Enter the most recent date the household tax credit qualified. This could be the move-in date or in an acquisition rehab property, this is not the date the tenant moved into the unit, it is the most recent date the management company income qualified the unit for tax credit purposes.

### Project Data

Property Name                      Enter the name of the development

County                              Enter the county (or equivalent) in which the building is located.

TCAC #                              Enter the project number assigned to the property by TCAC. Please include hyphens between the state abbreviation, four digit allocating year, and project specific number. For example: CA-2010-123

BIN #                                Enter the building number assigned to the building (from IRS Form 8609).

Address                              Enter the physical address of the building, including street number and name, city, state, and zip code.

Unit Number                        Enter the unit number.

# of Bedrooms                      Enter the number of bedrooms in the unit.

Square Footage                      Enter the square footage for the entire unit.

Vacant Unit                        Check if unit was vacant on December 31 of requesting year. For example, for the collection of 2011 data, this would refer to December 31, 2011.

Effective Date of LIHTC Income Certification                      Enter the date of the last certification where the tenant's income and assets were verified.

Household Size at LIHTC Certification                      Enter the household size of the last certification where the tenant's income and assets were verified. (Should correspond to the certification used to complete the "Effective Date of LIHTC Income Certification," listed above.)

### Household Composition

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following definitions:

H	Head of Household	S	Spouse
A	Adult Co-Tenant	O	Other Family Member
C	Child	F	Foster child(ren)/adult(s)
L	Live-in Caretaker	N	None of the above

Date of Birth                      Enter each household member's date of birth

Student Status                      Enter "Yes" if the household member is a full-time student or "No" if the household member is not a full-time student.

Last Four Digits of Social Security Number: For each tenant 15 years of age or older, enter the last four digits of the social security number or the last four digits of the alien registration number. If the last four digits of SSN or alien registration is missing enter 9999. If tenant under the age of 15, social security number not required.

*If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.*

### **Rent**

Tenant Paid Monthly Rent Enter the amount the tenant pays toward rent (not including rent assistance payments such as Section 8).

Monthly Rent Assistance Enter the amount of rent assistance, if any.

Monthly Utility Allowance Enter the utility allowance. If the owner pays all utilities, enter zero.

Other Monthly Non-Optional Charges Enter the amount of non-optional charges, such as mandatory garage rent, storage lockers, charges for services provided by the development, etc.

Gross Monthly Rent for Unit Enter the total of Tenant Paid Rent plus Utility Allowance and other non-optional charges.

Maximum Federal LIHTC Rent Limit for this Unit Enter the maximum allowable gross rent for the unit.

Unit Meets Federal Rent Restriction at Check the appropriate rent restriction that the unit meets according to what is required by the federal set-aside(s) for the project.

Unit Meets Deeper Targeting Rent Restriction at If your agency requires a rent restriction lower than the federal limit, enter the percent required.

### **Student Status**

If all household members are full time students, check “yes”. Full-time status is determined by the school the student attends. If at least one household member is not a full time student, check “no”.

If “yes” is checked, the appropriate exemption must be listed in the box to the right. If none of the exemptions apply, the household is ineligible to rent the unit.

### **HOUSEHOLD CERTIFICATION AND SIGNATURES**

Annually, each household member age 18 or older must sign and date the Tenant Household Income Certification to verify its accuracy.

### **SIGNATURE OF OWNER/REPRESENTATIVE**

It is the responsibility of the owner or the owner’s representative to complete, sign and date this document.

The responsibility of documenting and determining eligibility and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in tax credit compliance.

*These instructions should not be considered a complete guide on tax credit compliance. The responsibility for compliance with federal program regulations lies with the owner of the building(s) for which the credit is allowable.*

**SUPPLEMENTAL INFORMATION**

*Complete this portion of the form, only if household composition has changed from the previous year's certification.*

Tenant Demographic Profile      Complete for each member of the household, including minors. Use codes listed on supplemental form for Race, Ethnicity, and Disability Status.

Resident/Applicant Initials      All tenants who wish not to furnish supplemental information should initial this section. Parent/Guardian may complete and initial for minor child(ren).