Tenant Household Information Form
(for use in Year 3 - 100% Tax Credit Properties only)

Effective Date: _____

Move-in Date: _____

MM-DD-YYYY

PROJECT DATA

Project Name:_____ County:_____ TCAC#:_____ BIN#:_____

Address:_____ If applicable, CDLAC#:_____

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)	Student Status (Check One)	Last 4 digits of Social Security#
1			HEAD		FT☐/PT☐/NA☐	
2					FT☐/PT☐/NA☐	
3					FT☐/PT☐/NA☐	
4					FT☐/PT☐/NA☐	
5					FT☐/PT☐/NA☐	
6					FT☐/PT☐/NA☐	
7					FT☐/PT☐/NA☐	

Household Income as of LIHTC Move-in: _____

Household Size at LIHTC Move-in: _____

Effective Date of LIHTC Income Certification: _____

Household Size at LIHTC Certification: _____

RENT

Tenant Paid Monthly Rent: $_____

Monthly Utility Allowance: $_____

Other Monthly Non-Optional Charges:$_____

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

Maximum Federal LIHTC Rent Limit for this unit: $_____

If Applicable, Maximum Federal & State LIHTC Bond Rent Limit for this unit: $_____

Units Meets Federal Rent Restriction at:

☐60% ☐50%

Or Federal A.I.T. at:

☐ 80% ☐ 70% ☐ 60% ☐ 50% ☐ 40% ☐ 30% ☐ 20%

If Applicable, Unit Meets Bond Rent Restriction at:

☐ 60% ☐ 50%

Unit Meets State Deeper Targeting Rent Restriction at:

☐Other_____%

Federal Rent Assistance: $_____ *Source: _____

Non-Federal Rent Assistance: $_____ (*0-8)

Total Monthly Rent Assistance: $_____

*Source of Federal Assistance
1 **HUD Multi-Family Project Based Rental Assistance (PBRA)
2 Section 8 Moderate Rehabilitation
3 Public Housing Operating Subsidy
4 HOME Rental Assistance
5 HUD Housing Choice Voucher (HCV), tenant-based
6 HUD Project-Based Voucher (PBV)
7 USDA Section 521 Rental Assistance Program
8 Other Federal Rental Assistance
0 Missing

** (PBRA) Includes: Section 8 New Construction/Substantial Rehabilitation; Section 8 Loan Management; Section 8 Property Disposition; Section 202 Project Rental Assistance Contracts (PRAC)

STUDENT STATUS

ARE ALL OCCUPANTS FULL TIME STUDENTS?

☐ Yes ☐ No

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

Enter 1-5

*Student Explanation:
1 AFDC / 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 3rd. 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/REPRESENTITIVE   **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).

HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled
TENANT DEMOGRAPHIC PROFILE						
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" 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:

    4a – Asian India   4e – Korean
    4b – Chinese   4f – Vietnamese
    4c – Filipino   4g – Other Asian
    4d – Japanese

5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands:

    5a – Native Hawaiian   5c – Samoan
    5b – Guamanian or Chamorro   5d – Other Pacific Islander

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://fairhousing.com/legal-research/hud-regulations/24-cfr-100201-definitions.
- "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 transgender.

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.

Tenant Household Information Form (April 2021)

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 1ˢᵗ recertification.

Effective Date	Enter the effective date of the certification. For annual recertifications, 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.
Household Income as of LIHTC Move-in	Enter the income of the tenants at move-in certification
Household Size at LIHTC Move-in	Enter the household size of the tenants at move-in certification
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	U	Unborn Child/Anticipated Adoption or Foster
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		

Tenant Household Information Form (April 2021)

Date of Birth	Enter each household member's date of birth
Student Status	Check FT for Full-time student, PT for Part-time student, or N/A if household member is not a student and question does not apply.
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 0000. If tenant under the age of 15, social security number not required, although please enter 0000.

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.
Federal Rent Assistance	Enter the amount of rent assistance received from a federal program, if any.
Non-Federal Rent Assistance	Enter the amount of non-federal rent assistance received, if any.
Total Monthly Rent Assistance	Enter the amount of total rent assistance received, if any.
Source of Federal Rent Assistance	If federal rent assistance is received, indicate the single program source.
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 LIHTC Rent Limit for this Unit	Enter the maximum allowable gross rent for the unit. This amount must be the maximum amount allowed by the Current Income Limit per Family Size – specifically, the max rent Limit for the federal 50%, 60% or A.I.T. (20% - 80%) set aside. This does not include state deeper targeting levels.
Maximum LIHTC Bond Rent Limit for this unit	Enter the maximum allowable gross rent for the unit. This amount must be the maximum amount allowed by the Current Income Limit per Family Size – specifically, the max rent incorporating both federal and in some instances more restrictive state standards as reflected in the 50% or 60% set aside detailed in the Bond Regulatory Agreement.
Unit Meets Federal Rent Restriction at or Federal A.I.T. 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 Bond Rent Restriction at	Indicate the appropriate rent restriction that the unit meets according to what is required by the federal and state law for the project.
Unit Meets State 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 applies, 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).