

**ATTACHMENT NO. 12**

**ANNUAL TENANT CERTIFICATION FORM/  
HOME PROGRAM ANNUAL OWNER CERTIFICATION REPORT**

**[Attached]**

## 2024 ANNUAL TENANT CERTIFICATION FORM

### HUD/HOME Program (HOME-assisted Projects ONLY)

#### Instructions to OWNERS

Step 1. Review the annual Notice received. Step 2. Complete this form with tenant. Step 2. Determine if this tenant is new or on their 6<sup>th</sup>-year recertification. If YES, attach evidence of income to this form. The evidence of income supplied must match your total reported in Section 2. Step 3. Verify that the rent reported on Section 3 match with those reported on Form #1 and those reported on the 12-month rent rolls supplied. Step 4. Assemble your package in the order provided on our Notice. Keep a full set of copies for your records. Per Program guidelines, City staff or HUD representatives reserve the right to conduct periodic tenant records audits, request additional evidence or verification of documentation, and conduct property inspections. Keep page 1 of this Form - Submit ONLY pages 2 – 4.

#### Instructions to HEADS OF HOUSEHOLD

As per HUD/HOME Program guidelines, Owner or Agent (property management staff) is required to conduct annual certifications of all families residing in HOME-assisted units. At move-in, you should have executed and given a copy of the HOME Lease Addendum (Form #7), which explains this process and other rights and obligations you and Owner have under the Program. The information will be kept confidential but may be reviewed by non-City employees, such as auditors. City staff or HUD representatives have the right to conduct periodic tenant records audits, request additional proof or verification, and conduct property inspections. Complete this form jointly with Landlord/Property Manager. Use INK, not pencil. Write CLEARLY and LEGIBLY.

#### Sections in this FORM

##### Section 1 – Household Information

Enter household information, ethnicity, household type, and list all persons residing in the unit. Enter your totals on Form #1.

##### Section 2 – Household Income

Owner/agent calculates anticipated income based on evidence of income submitted by Tenant (Title IV Chapter 3 calculation of income is applied). Enter all sources of income, including full or part-time employment, self-employment, AFDC, Gen. Relief, CAPI, Social Security, SSI, Pensions, VA, Disability, Unemployment, Alimony, Child Support, Military for all household members of age 18 or older. Attach additional pages if needed. Enter your totals on Form #1.

##### Section 3 – Tenant's Share of Rent

Enter tenant's share of rent, unit size, and whether household is a recipient of a federal rental subsidy. Enter your totals on Form #1.

##### Section 4 – Tenant-paid Utility Allowances (UA)

Step 1. Refer to the annual Exhibit A (income/rent tables), Table 2.C. Step 2. Compute and complete the worksheet on Section 4. Step 3. Do not enter actual amounts paid by tenant.

Examples of tenant-paid utility allowance calculation:

	<u>Ex. #1</u>	<u>Ex. #2</u>
1. Unit size	2B	2B
2. Actual Rent Collected:	\$1,010	\$1,187
3. Determine Maximum Allowable Rent (MAR):		
a. Published Maximum Gross Rents (Table A.2.)	\$1,217	\$1,217
b. Less UA (Table A.3)	(\$45)	(\$45)
<i>(ex: addheating electric \$10, cooking electric \$8,         other electric \$13, water heater gas \$8, Elec. Fee \$1, Gas Fee \$5)</i>		
c. Total Maximum Allowable Rent (MAR):	\$1,172	\$1,172
4. Difference (1 – 4):	\$162	(\$15)
5. Compliant/Non-compliant:	Compliant	Non-compliant

##### Section 5 – JOINT Signature/Affidavit

Owner/Agent, Head of Household and all household's income-earners over the age of 18 must jointly execute this document

#### Other

For additional information, please refer to the HOME Guide for Property Owners

<http://www.hud.gov/offices/cpd/affordablehousing/library/modelguides/2009/2009homerentalpo.pdf>

#### HUD/HOME PROGRAM COMPLIANCE GUIDELINES<sup>1</sup>

All recipients of HOME loans must have completed a Compliance orientation. This is only a summary of the orientation:

1. **Annual Compliance Review Notice.** The annual monitoring review covers a retroactive 12-month period. For example, if you receive an annual Compliance Review Notice in Feb 2012, the compliance review will ask for evidence and documentation for the period Feb 1, 2011 - Jan 31, 2012. You are required to certify all households residing in HOME-assisted units. You are required to recertify all tenants in HOME-assisted units by collecting their evidence of income and determining their combined gross income. You will complete the package by attaching all the documentation requested on the Notice.
2. **New tenant v. current tenant.** A New tenant moved in to a HOME-assisted unit after your last compliance review and therefore has not yet been reported for the current review. Current tenant is a household that has been reported in prior compliance reviews.
3. **Certification v. Recertification.** Certification applies to new tenants. Recertification applies to current tenants (see definitions in Item 2 above).
4. **Determination of Income.** To help you determine tenant's income, you are required to collect acceptable evidence, which are most recent federal and state tax filings, paycheck stubs, employer verifications, W-2 forms, Benefit Statements (EDD, SSI, VA, UIB, SDI), and Pension statements amounting to the last 3 months of the review period. You are also required to attach complete evidence of income and calculation sheet for new tenants or for all tenants if the property is on its 6<sup>th</sup> year cycle (or 12<sup>th</sup> or 18<sup>th</sup>) of the affordability period.
5. **Determination of the Maximum Allowable Rents (MAR).** To determine the MAR, you will (a) identify the published gross rent limit for the unit (see Table A.2.), (b) sum up the tenant-paid utility allowances (UA) (see Table A.3), (c) subtract the sum of the UA from the Gross Rent Limit. The resulting amount is the MAR. You may not collect rent above the MAR. Example: the Low-HOME gross rent for a 2-bedroom is \$892. Your tenant pays for five (5) standard utilities (heating gas, cooking gas, electricity, water heater gas, and tenant-provided refrigerator), which translate to \$86 in utility allowances. Now add the \$6 electric and gas fees (\$1 + \$5). The calculation is as follows: \$892 - \$86 - \$6 = MAR \$800. You may not collect rent exceeding \$800.
6. **Low-HOME v. High-HOME Rents.** If your property has four (4) or less HOME-assisted units, apply the High-HOME rent limits to all the HOME-assisted units. If your property has five (5) or more HOME-assisted units, apply two tiers of rents, as follows: (1) Twenty percent ("20%") of the HOME-assisted units are to be rented at Low-HOME rents to families whose income do not exceed the Very Low-Income limits (Table A.1). (2) The remaining 80% of units may be rented at High-HOME rents to families whose income is below the Low income limits. Example: A property with 8 HOME-assisted units will have two (2) Low-HOME units ( $8 * .20 = 1.6$  or 2). You will designate two of the eight units as Low-HOME units and will rent them to families whose incomes does not exceed the 50% income limit, adjusted to family size. In addition, you may rent the unit at a rent not exceeding the Low-HOME MAR rent limit. You will rent the remaining six (6) units to families earning incomes less than the 80% income limit, adjusted to family size. In addition, you may rent the unit at a rent not exceeding the High-HOME MAR rent limit. This restriction also applies to Section-8 voucher holder tenants and units, where the total rent collected from both tenant and Housing Authority may not exceed these limits.
7. **Income and Rent Limits Updates.** The income, rent limits and the utility allowances are updated annually. At that time, you will receive an Annual HOME Income/Rent Limits Notice.
8. **Changes in Income.** (1) During the review, if you determine that tenant's income was Very-Low income at move-in but is now above it but below the Low-income limit, you need to designate the family as Low-Income (80%) and designate the unit as a High-Home unit, thus charging High-Home rents. (2) You must then replace this 20% shortage by qualifying a new Very-Low income family and charge them a rent not exceeding the Low-HOME rent (see Table A.2). (3) If you determine that a tenant was Low-income at move-in but their income is now exceeding the limit, the family is not required to vacate. However, their rent must be increased to 30% of their combined gross income, unless other Programs disallow it. Contact our staff immediately.
9. **HQS and Records Inspections.** All HOME-assisted properties must undergo periodic on-site Records and Housing Quality Standards (HQS) inspections. The number of units in the property and the number of HOME-assisted units will determine the frequency and the minimum number of inspections. You will receive a separate HQS Notice. Tenant files must be kept in a safe but accessible location for a period of five (5) years, and five (5) years upon expiration of the restrictions.
10. **Compliance and Violations.** Once your annual compliance review is completed, you will receive a final Notice. Contact our office if you do not. Any deviation or failure to cure, respond, or comply with the HOME program regulations will be considered a violation of the HUD/HOME regulations, and steps will be taken to remediate, correct and cure such violation.

<sup>1</sup> These guidelines are intended to address commonly-asked questions. For program details, please visit the following links:

<http://www.hud.gov/offices/cpd/affordablehousing/library/modelguides/2009/2009homerentalpo.pdf>

[http://portal.hud.gov/hudportal/documents/huddoc?id=19754\\_1780.pdf](http://portal.hud.gov/hudportal/documents/huddoc?id=19754_1780.pdf)

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/affordablehousing/programs/home](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing/programs/home)

## 2024 ANNUAL TENANT CERTIFICATION FORM

### HUD/HOME Program (HOME-assisted units ONLY)

**WARNING:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

#### SECTION 1 - HOUSEHOLD INFORMATION

1.A. Head of Household Information	
Name of Head of Household:	
Move-in date:	
Address:	
Telephone #:	

Ethnicity (check <u>one</u> only)	(✓)	Race of Head of Household (check as <u>many</u> as needed):	(✓)	Household Type (check <u>one</u> only):	(✓)
Hispanic or Latino		Black or African American		Single/Non-elderly (one person under 62 years of age)	
Non-Hispanic		White		Elderly (one or more persons with at least one person 62 years of age or older)	
		Asian		Related/Single Parent with a dependent child or children 18 years of age or younger	
		Native Hawaiian or Other Pacific Islander		Related/Two parents with a dependent child or children 18 years of age or younger	
		American Indian or Alaska Native		Other: _____	

1.B. Household Composition (add additional sheets, if needed)					
#	FIRST Name	LAST Name	Relationship to Head of HH	Age	Gender
1			Head of Household		
2					
3					
4					
5					
6					
7					
TOTAL SIZE OF HOUSEHOLD (enter this number on Form #1)					



## SECTION 2 – ANTICIPATED GROSS HOUSEHOLD INCOME

2.A. Asset and Income Worksheet (annualized)						
Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets			
1. Net Cash Value of Assets (\$):		1.				
2. Total Actual Income from Assets (\$):		2.				
3. If Line 1 is <u>greater</u> than \$5,000, multiply by .06%* (\$). Otherwise, leave blank.		3.				
(*) 2016 Passbook Savings Rate: 0.06% eff. 02/01/2016 until further notice						
2.B. Income Worksheet (annualized)						
Family Member	Employer/Subsidy Name, Address, Phone #	A. Wages/ Salaries (\$)	B. Benefits/ Pensions (\$)	C. Public Assistance (\$)	D. Other Income (\$)	E. Asset Income (\$)
						Enter below the <i>greater</i> of 2 or 3 of Table 2.A. above
4. SUBTOTALS (\$)		A.	B.	C.	D.	E.
5. TOTAL A-E (\$). <span style="color: red;">This is your reported anticipated annual income (enter this number on Form #1)</span>						5.

## SECTION 3 – TENANT'S SHARE OF RENT

3. Tenant's Rent and Subsidy Data	
Amount of rent <u>you</u> currently pay to Owner per <u>month</u> (enter this number on Form #1)	\$
Number of bedrooms in your home (circle <u>only</u> one) (enter this number on Form #1)	0 1 2 3 4 5
Rental Assistance (check only one; enter the appropriate code on Form #1):	
A. I/We do <u>NOT</u> receive rental assistance	
B. I/We <u>DO</u> receive rental assistance from (check one):	
i. Section-8 Rental Assistance from the Housing Authority	
ii. Tenant-based Rental Assistance (TBRA) from the City of Riverside	
iii. Other Rental Assistance (specify): _____	

**SECTION 4 – UTILITY ALLOWANCES CALCULATIONS (See annual Table A.3.)**

4. Tenant-Paid Utility Allowances Worksheet			
Item#	Utility/Service	Utility Type (circle only one)	Util. Allowance (\$)
1.	Heating	gas / electric	
2.	Cooking	gas / electric	
3.	Other (basic) Electric		
4.	A/C		
5.	Water Heater	gas / electric	
6.	Water		
7.	Sewer		
8.	Trash Collection		
9.	Range/Stove (tenant-supplied)		
10.	Refrigerator (tenant-supplied)		
11.	Electric fee <sup>(*)</sup>		
12.	Gas fee <sup>(*)</sup>		
TOTAL UA (enter this amount on Form #1):			\$

**SECTION 5: SIGNATURE AFFIDAVIT**

I (WE) certify that the information provided is complete to the best of my/our knowledge:

_____ Name of Head of Household	_____ Signature	_____ Date
_____ Name of Income-Earner	_____ Signature	_____ Date
_____ Name of Income-Earner	_____ Signature	_____ Date
_____ Name of <b>OWNER/PROPERTY MANAGER</b>	_____ Signature	_____ Date

## HOME PROGRAM - 2024 ANNUAL OWNER CERTIFICATION REPORT

Review Period: [ enter date ]

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

PROJECT/OWNER NAME:		Enter data as of: [enter date]										TOTAL/ASSISTED UNITS: # / #							
PROJECT ADDRESS:		DEADLINE: [enter date]										# LOW/HIGH-HOME UNITS: # / #							
INSTRUCTIONS: DISCARD ALL PREVIOUS FORMS. This Reports prints on legal-size format. Do not alter this form in any way. To receive this form or any other forms electronically, email to: mcracodes.praboo@ongbaah.gov																			
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
Item	BLDG #	UNIT#	Unit Type	Last Name, First name	No. of BDRs	Size of HH	Move-In Date	Income Group	Tenant Annual Income (\$)	Tenant Share of Rent (\$)	Rental Subsidy (\$)	Subtotal +	Utility Allowance (\$)	RENT Verification (\$)	Type of Rental Assistance	Ethnicity of Head of Household (Y/N)	Race of Head of Household	Type of Household	Disabled Household (Y/N)
Item	BLDG #	UNIT#	Unit Type	Last Name, First name	No. of BDRs	Size of HH	Move-In Date	Income Group	Tenant Annual Income (\$)	Tenant Share of Rent (\$)	Rental Subsidy (\$)	Subtotal +	Utility Allowance (\$)	RENT Verification (\$)	Type of Rental Assistance	Ethnicity of Head of Household (Y/N)	Race of Head of Household	Type of Household	Disabled Household (Y/N)
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I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

PROPERTY OWNER'S NAME (Print legibly)

PROPERTY OWNER'S SIGNATURE

DATE

PHONE NUMBER

EMAIL ADDRESS