Form RD 1944-8
(Rev. 7-03)

USDA—RURAL HOUSING SERVICE
TENANT CERTIFICATION

Form Approved
OMB No. 0575-0033

PART I — PROJECT AND UNIT IDENTIFICATION

1. Effective Date	M M D D Y Y

- ☐ Initial Certification
- ☐ Recertification
- ☐ Modify Certification
- ☐ Assign/Remove RA
- ☐ Vacate a Unit
- ☐ Certification Expired & Eviction in Process
- ☐ Designate 60 Day Absence
- ☐ End 60 Day Absence
- ☐ Tenant Transfer

2. Project Name	3. Borrower ID and Project Number	4. Unit Type	5. Unit Number

WARNING STATEMENT: Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

STATEMENT REQUIRED BY THE PRIVACY ACT: Title V of the Housing Act of 1949 authorizes RHS to collect the information on this form. Your disclosure of the information is voluntary. However, failure to disclose certain information may delay the processing of your eligibility or rejection. RHS will not deny eligibility if you refuse to disclose your Social Security Number.

This information is collected principally to determine eligibility for occupancy and to determine your tenant contribution for rent. However, the information collected may be released to appropriate Federal, State and Local Agencies, credit bureaus and servicing agents when relevant to civil, criminal or regulatory proceedings or to enforce regulations by manual or automated verification procedures.

Round all monetary figures up to the nearest dollar at .50 and above.

PART II – TENANT HOUSEHOLD INFORMATION

6. Tenant Subsidy Code (enter code)

0 — No Deep Tenant Subsidy
1 — Rental Assistance (RA)
3 — Existing HUD Certificates
4 — Other Public RA
5 — Private RA
6 — HUD Voucher
7 — Other Types at Basic Rent

Other Subsidy Indicator (leave blank if none, P-Partial or F-Full) _____   Other Subsidy Amount (For Partial) $ _____

7. Social Security No.	8. Household Member Name *(Last, First and Middle Initial)*	9. Sex	10. Date of Birth M M D D Y Y	11. Race	12. Ethnicity	13. Minor, Disabled, Handicapped or Full-Time Student 18 or Older	14. Elderly, Disabled or Handi-capped

13. (Complete this only when household member *is not* the Tenant or a Co-Tenant)

14. (Complete this only when household member *is a* Tenant or Co-Tenant)
(Check below when coded above)

Choices for Race are:
1 - American Indian or Alaskan Native
2 - Asian
3 - Black or African American
4 - Native Hawaiian or Pacific Islander
5 - White

Choices for Ethnicity are:
a - Hispanic/Latino
b - Non-Hispanic Latino

8a. Number of Foster Children *(if any)* ☐

☐ Total *(Line 13)*   ☐ Elderly Status

PART III — ASSET INCOME

		$
15. Net Family Assets (NOTE: If Line 15 is less than $5,000, enter zero on Line 16.)		$
16. Imputed Income from Assets (Bank Passbook Savings Rate (* _____) x Line 15.)		$
17. Income from Assets		$

PART IV — INCOME CALCULATIONS

18. Income

a. Wages, Salaries, etc. $ _____
b. Soc. Sec., Pensions, etc. $ _____
c. Assistance $ _____
d. Income Contributed by Assets *(Greater of Line 16 or Line 17)* $ _____
e. Other $ _____

f. Annual Income $ _____

19. Adjustments to Income

a. $480 x total of Line 13 $ _____
b. $400 if elderly status $ _____
c. Medical exceeding 3% of Line 18f. *(If elderly, handicapped or disabled)* $ _____
d. Child Care $ _____

e. Total Adjustments $ _____

20. Adjusted Annual Income *(Line 18,f. minus Line 19.e.)* $ _____

PART V — INCOME LEVELS

21. Number of Household Members ☐

22. Current Eligibility Income Level *(Enter Code)* ☐

23. Date of Initial Project Entry | M M D D Y Y |

24. Eligibility Income Level at Initial Project Entry *(Enter Code)* ☐

PART VI — CERTIFICATION BY TENANT

I certify that the information in PARTS II through IV is true and correct to the best of my knowledge and belief. Inquiries may be made to verify this information.

a. Date:	M M D D Y Y	b. Tenant Signature

c. Date:	M M D D Y Y	d. Co-Tenant Signature

PART VII—PRELIMINARY CALCULATIONS

25. Adjusted Monthly Income *(Line 20 ÷ 12)* a. $ |__|__|__|__| x .30 = b. $ |__|__|__|__|

26. Monthly Income *(Line 18.f. ÷ 12)* a. $ |__|__|__|__| x .10 = b. $ |__|__|__|__|

27. Designated Monthly Welfare Shelter Payment $ |__|__|__|__|

28. Highest of Line 25.b., Line 26.b., or Line 27. |__|__|__|__|

29. Gross Basic Rent

   a. Basic Rent $ |__|__|__|__|

   b. Utility Allowance $ |__|__|__|__|

   c. *(Line 29.a. + Line 29.b.)* $ |__|__|__|__|

30. Gross Note Rate Rent

   a. Note Rate Rent $ |__|__|__|__|

   b. Utility Allowance $ |__|__|__|__|

   c. *(Line 30.a. + Line 30.b.)* $ |__|__|__|__|

PART VIII—DETERMINING GROSS TENANT CONTRIBUTION (GTC)

Decision: *(check one)*

☐ A. If tenant *receives rental assistance (RA)* enter Line 28 on Line 31 below. If Line 28 exceeds Line 29.c., go to Decision B since this Tenant will not receive RA.

☐ B. If tenant *does not receive RA* and this project receives Plan II Interest Credit, enter the greater of Line 28 or Line 29.c. (but not to exceed Line 30.c.) on Line 31 below.

☐ C. If tenant *does not receive RA* and this project is a Plan I, Full Profit or Labor Housing project complete Lines C.1. thru C.3. and enter Line C.3. on Line 31.

   C.1. Enter Line 30.c. $ |__|__|__|__|

   C.2. Add Plan I Surcharge (if any) $ |__|__|__|__|

   C.3. Total (enter on Line 31) $ |__|__|__|__|

PART IX—DETERMINING NET TENANT CONTRIBUTION (NTC)

31. GTC (From PART VIII) $ |__|__|__|__|

32. Utility Allowance (Line 29.b. or Line 30.b.) $ |__|__|__|__|

33. Final NTC (Line 31 minus Line 32) $ |__|__|__|__|

   (Amount Tenant pays Borrower for rent. If Line 33 is negative, Borrower pays the difference to Tenant for utilities.)

PART X—CERTIFICATION BY BORROWER

I certify that the information on this form has been verified as required by federal law and the tenant household

☐ is eligible to live in the unit, or ☐ has been granted ineligible occupancy by RHS.

a. Date Signed

M	M	D	D	Y	Y

b. Signature of Borrower or Borrower's Representative