

Guidelines for Multifamily Compliance



Housing Finance Authority of
Miami-Dade County

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1. Qualification of Applicants

1:1 Overview

For projects in which units must be certified (lower and middle-income tenants) applicants should be advised in their initial visit to the complex that it is Miami-Dade Housing Finance Authority (HFA) bond financed project which has maximum income restrictions. It should also be explained that anticipated income and assets of all persons expecting to occupy the unit must be verified and included on an Income Certification prior to occupancy. Applicants should be advised that if an addition to their household is anticipated; any new person(s) who will be or wishes to occupy the unit must be certified and added to the lease prior to move-in.

1:2 The Application

A fully completed application is critical to an accurate determination of eligibility. The information supplied on the application should be used as a tool to determine all regular sources of income (as described in *Acceptable forms of Verification*) including total assets and asset income (see **Exhibit A** for a sample application form). In the event the application does not request certain information such as asset & asset income information and/or current and anticipated Student Status, an Asset Declaration and Student Status Declaration form may be used (see **Exhibit B** for a sample Asset Declaration form and **Exhibit C** for a sample Student Status Declaration Form).

It is management's responsibility to obtain all pertinent information regarding the applicant(s) to sufficiently process the application.



Always ensure information reflected on the application(s) is also verified, documented on the Income Certification and kept in the residents file.

The application should include (at a minimum):

- A. A household composition section where applicants will list the full legal name, date of birth (or age) and student status of all occupants, including minors and adults (legal name should be listed just as it will appear on the Lease and Income Certification); **and**,
- B. An area for applicants to list employment status, including all sources and amounts of current and anticipated annual income expected to be derived during the twelve-month certification period; **and**,
- C. An area for applicants to list total currently held assets including cash values and asset income (as required in **Chapter 4. Assets**) and anticipated annual income expected to be derived during the twelve-month certification period; (*NOTE: This includes Assets disposed of for less than fair market value for the last 2 years*). **and**,

1:2 The Application (Continued)

- D. A section for the applicants to include any anticipated changes in the household composition or total household income; **and**,
- E. A signature and date portion where the applicant(s) can certify that the information provided is true and accurate. The date the application is signed should reflect when the application was completed. It may be necessary to explain to the applicant that all information provided is considered sensitive and will be handled accordingly.

Applications may also include sections to address:

- a. Current and previous rental history
- b. Previous employment history
- c. Emergency Contacts and/or Guarantors

NOTE: Guarantors are permitted; however, Guarantors are not considered household members, parties to the lease, and may not execute the Income Certification or Lease. – NOTE: If the guarantor makes reoccurring financial contributions to the household, the contribution **is** considered annual income, and must be documented and verified as such.



It is recommended that each adult complete a separate application (except spouses).

1:3 Providing / Receiving the Application

When providing the application; it may be necessary to:

- Review the application and its contents with the applicant(s) to ensure they understand each section and its questions.
- Advise applicants that utilizing “N/A” and/or leaving sections of the application blank is not acceptable. If a portion of the application “does not apply”, simply indicate either “No” or “None”.

When an application is received; Management should review each application that is submitted with the applicant to ensure the application is fully completed (all sections properly addressed), all required pages are signed and dated by the prospective resident(s).



It is recommended to date stamp the application once it has been received.

1:4 Documenting Changes to the Application

Always ensure that the application(s) in the file contains information that is (or will be) current as of the anticipated Initial Certification date.

Be sure to:

- Clarify with the applicant (on a separate clarification form) any discrepancies found upon initially reviewing the application; **If an error was made on the application; have the applicant(s) correct mistakes by lining through the incorrect information using a single line and initialing changes – White out must not be used on any document.**
- Update the application prior to Initial Certification (if necessary)



If there was a significant time lapse between accepting an application and move-in, it is recommended that management confirm that the information is still current. If necessary, the information should be updated to reflect current circumstances.

All Updates and clarifications should be made on a separate clarification form. If significant changes have occurred since the Application was initially submitted; it is recommended to complete a new application that is more current as of the Certification date.

Applications should not be accepted if information has been improperly corrected; *For example, an Application is scratched off where information is illegible, and/or white out was used).*

Once an Applicant returns a fully completed Application, the verification process can begin.



The application should not be altered to reflect changes in income or asset amounts once verification is received. Unexplained variances between verified amounts and amounts listed on the application should be clarified on a separate clarification form.

2. Verification

2:1 Verification Requirements

The County Bond program regulations require that all regular sources of income (including assets and asset income) be verified. Verifications must include information acceptable to the Housing Finance Authority (HFA) and consistent with income determinations under Section 8 of the United States Housing Act of 1937, as amended.

General verification requirements are to:

- A. Obtain signed consent forms from applicants/residents (for each adult household member) to authorize the owner and its agents to collect information to verify eligibility and income; **and**,
- B. Properly verify **all** regular sources of income for each applicant/resident (including assets) **prior** to the execution of the Income Certification and/or move-in; **and**,
- C. Retain all resident/applicant files and records for at least six years after an applicant is rejected (for Applicants) or after a unit has been vacated (for existing residents).

2:2 Consent Forms

Each adult household member shall authorize owners and their agents to request verification of data required to confirm program eligibility. To provide owners with this authorization, it is recommended for each adult household member to sign at least two copies of the consent portion of the verification forms. These forms must be signed at the time of certification and at each recertification.

Signed verification consent forms shall be used within a reasonable time after the applicant or resident has signed.

2:3 Verification Guidelines:

Owners may create their own verification forms to meet their specific verification needs (*See **Exhibit D** for recommended Employment Verification form*); however, guidelines are at least the following:

- Third party verification is required.
- Verification forms shall clearly state in a prominent location that the applicant or resident may not sign the consent if the form does not clearly indicate who will provide the requested information and who will receive the information.

- Owners will send the verification form with the applicant's or resident's original signature directly to the third-party source.
- Owners shall retain copies of their attempts to send the verification form to the employers.
- Provide a copy to the applicant or resident upon request.
- Upon Return, all verifications shall be date-stamped (especially if the document is not dated).



Explain to the applicant/resident that all information provided is considered sensitive and will be handled accordingly. If an applicant or resident cannot read or sign a consent form due to a disability, the Owner shall provide a reasonable accommodation.

2:4 Verification Types

A. Third Party Verification

Any request for income verification must:

- a. State the reason for the request; **and**,
- b. Include a release statement; **and**,
- c. Provide a section for the employer or another third-party source to:
 - i. State the applicant's current position and hire date; **and**,
 - ii. Anticipated gross annual income and/or rate of pay; **and**,
 - iii. Average number of hours worked per week; **and**,
 - iv. Frequency of pay.
 - v. Spaces should also be available for the employer representative's signature and title as well as the date the form was signed.

B. Documents Provided by Applicant/Resident

Management may review documents submitted by the applicant or resident in one of the following situations:

- a. Third-party verification is not possible or is not required.

- b. Third-party verification is delayed - If information from a third-party is not received in a timely manner, management may consider original documents submitted by the applicant or resident. For example, the owner sends a verification request to an applicant's or resident's bank, but does not receive a response from the bank. The owner calls the bank and learns that the bank's policy prohibits the verification required. The owner may accept original copies of the applicant's/resident's bank statements to verify saving and checking account information.

2:5 Methods of Transmittal

Income verification requests must be sent directly to and from the source. The applicant or resident **shall not** hand-carry any verifications to or from the third-party source.

1. Written Verification:

Written documentation sent directly by a third-party source is the preferred method of verification. It is suggested that a self-addressed, stamped envelope be included with the request for verification.

2. Electronic:

The owner may obtain accurate third-party written verification by facsimile, email, or Internet, if adequate effort is made to ensure that the sender is a valid third-party source.

- a. Facsimile - Information sent and received via fax is acceptable. The fax shall include a fax strip which must reflect company name and fax number of the verification source.
- b. Email - Information sent and received via e-mail is acceptable. Information verified by email is more reliable when the e-mail address includes the name of an appropriate individual and firm.
- c. Internet - Information verified via the Internet (such as "The Work Number") is considered third-party verification if the owner is able to view web-based information from a reputable and valid third-party source. The owner may accept a printout of the most recent statement if it includes
 - i. The relevant information required for a third-party verification,
 - ii. An Internet address and header or footer that identifies the company issuing the statement.

- iii. As additional backup, verbal verification should be attempted.

Copies of the reviewed documents shall be placed in the household's file.

2:6 Receipt of Verification

Once all verification guidelines have been satisfactorily met; Verified information shall be used in a timely manner since household circumstances are subject to change. It is recommended for management to take the following steps to ensure information obtained on the verification(s) is accurate and current:

A. Date Stamp:

Income verifications should be date-stamped as they are received.

B. Clarification Log:

A clarification log shall be used to document additional pertinent information and/or to clarify discrepancies noted while reviewing the verification.

2:7 Verbal Verification:

When written verification is not possible prior to move-in, direct contact with the source will be acceptable to the Housing Finance Authority **only as a last resort** and **must be** followed with proper written verifications. The conversation must be documented in the applicant's file to include all the information that would be included in a written verification. The name and title of the contact person providing the information, the name and title of the on-site management representative accepting the information, and the date must be included.

2:8 Differences in Reported Income:

As advised in Chapter 1 (Qualification of Applicants); Management should give the applicant the opportunity to explain any significant differences between the amounts reported on the application and amounts reported on the third-party verification in order to determine actual income. The file should be documented to explain the difference.

2:9 Effective Term of Verifications

- 1) Verifications are valid for 120 days from the **date the verification is received**.
- 2) If verifications are more than 120 days old, the owner shall obtain new verifications.

2:10 Acceptable Forms of Verification

Acceptable forms of verification for specific types of income situations are as follows:

1. Employment Income:
 - a. Employment verification form (see Exhibit D for suggested format) completed by the employer or statement from employer on company letterhead; or,
 - b. Original, unaltered paystubs may be used to project or estimate annual income and document employment income provided that tenant provides most recent **four to six consecutive pay stubs**. Pay stubs are considered written third-party verification. **Note: If 4-6 consecutive paystubs cannot be obtained, then paystubs are not an acceptable form of verification.**
 - c. Notarized statements or affidavits along with the most recent income tax returns signed by the applicant providing the amount of income including income from tips and other gratuities. **This form of verification may not be used to certify an applicant as lower income.**

2. Self-Employment Income:
 - a. Accountant's statement of net income; or,
 - b. Audited or unaudited financial statement(s) of the business along with a notarized statement or affidavit from the applicant giving the anticipated income for the twelve months following certification; or,
 - c. The prior year's income tax return along with a notarized statement or affidavit. The tax return should also include Schedule C, E, or F and should reflect the household member as self-employed. **NOTE: it is recommended that the statement or affidavit include a section for the applicant to self-certify the anticipated net self-employment income.**

Please note- If the previous year's tax returns are not available or do not reflect the current self-employment status other acceptable forms of income verification, i.e. financial statements, accountant statement with affidavit, etc. must be obtained. **If sufficient income documentation cannot be obtained the household may not be considered as Low Income.**

3. Social Security, Pensions, Supplementary Security Income (SSI), Disability Income:

- a. A benefit verification form completed by the Agency providing the benefits; or,
- b. An award or benefit notification letter prepared and signed by the authorizing agency. Note: Since checks or bank deposit slips show only net amounts remaining after deducting SSI, Medicare, or state health insurance, they may be used only when award letters cannot be obtained. Any withholdings (such as Medicaid premiums) must be verified and included in annual income.
- c. If award letter indicates a deduction due to a previous over payment; the full benefit amount (including the overpayment) must be included; unless the total amount of the overpayment due and anticipated date of pay-off can be verified.

NOTE: If benefits are awarded to a minor in the household; the income should be listed for the household member whom receives the benefit on behalf of the minor.

4. Unemployment Compensation / Worker's Compensation:

- a. A verification form completed by the unemployment or worker's compensation agency; or,
- b. Records from the unemployment or worker's compensation office stating payment dates and amounts.
- c. Worker's Compensation should be verified with documentation to include all payments during the next 12 months. Additionally, applicant should indicate if there is a known return to work date.

5. Alimony or Child Support Payments:



Must be documented for each adult in the household regardless of household composition. It is recommended to utilize the Child Support Declaration form (See Exhibit G, for recommended Child Support Declaration form).

For Court Ordered Support:

The original court order should be obtained along with supplemental confirmation that the support amount has not changed.

- a. A print-out from the court or governmental agency through which payments are being made; or,
- b. A notarized letter from the person paying support. **NOTE:** only if the applicant is receiving **voluntary child support/alimony** will a statement from the supporter and a self-certification from the applicant suffice as sufficient documentation; or,
- c. A complete copy of a separation or settlement agreement or a divorce decree stating the amount and type of support payment schedule. If the document is not within the 120-day time frame, the agreement must be accompanied by a notarized statement or affidavit from the applicant stating income is still being received; or,
- d. A copy of latest check and documentation of how often the check is received; or,
- e. As a last resort, the applicant's notarized statement or affidavit of the amount being received. – *Attempts to receive proper verification must be documented and must be followed by verification when available.*

If applicant/resident claims that court ordered child support is not received as awarded; the amount can only be excluded from annual income when applicants have made reasonable efforts to collect amounts due, including filing with courts or agencies responsible for enforcing payments. – *Efforts must be documented in the file.*

6. Recurring Contributions and Gifts:

- a. Notarized statement or affidavit signed by the person providing the assistance giving the purpose, dates and value of the gifts; or,
- b. A letter from a bank, attorney or a trustee providing required verification; or,
- d. Only when the above is not possible will the applicant's notarized statement or affidavit giving the same information suffice. – *Attempts to receive proper verification must be documented and must be followed by verification when available.*

7. Unemployed/Zero Income:

When an applicant or resident indicates they are unemployed; it is important to determine if they receive unearned income or if they are claiming “no” or “zero” income:

- a. If an applicant or resident is unemployed and receives any form of unearned income such as Social Security/SSI, retirement pension, VA pension, and/or recurring gifts/contribution, TANF (Cash Assistance), etc.; in addition to verifying the income as covered previously, an Unemployment Declaration form must be completed and signed (See **Exhibit E**).
- b. If an applicant is currently unemployed and claiming zero income, then a Zero Income Declaration must be executed (See **Exhibit F**)



It is not necessary to include both the Unemployment form and Zero Income Form, if the resident/applicant has executed a Zero Income Declaration. Be sure if management forms are used the same questions are documented.

3. Annual Income

3:1 Annual Income

A determination of anticipated annual income must include all of the types of income listed below in the amount anticipated to be received by all adult members of the household in the twelve months following certification.

A. Annual Income Includes:

1. Gross amount (before any payroll deductions) of wages, salaries, overtime pay, commissions, fees, tips, bonuses, and any other compensation for personal services received by every adult member of the household, including foster adults;
2. Net income, salaries, and other amounts distributed from a self-owned business.
3. Gross amount (before deductions for Medicare, etc.) of periodic social security payments. Includes payments received by adults on behalf of minors for their own support, including foster children (note: this does not include payments received for the care of foster children and foster adults);
4. The full amount of annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic payments. **Note, in the case of a 401K, only include if the applicant is 59.5, or is from a former employer.**
5. Lump sum payments received because of delays in processing unemployment, welfare or other benefits;
6. Payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation, and severance pay. Any payments that will begin during the next twelve months must be included;
7. Alimony and child support received by the household; Alimony or child support paid by a member of the household is not excluded from the gross annual income, even if it is garnished from wages.
8. TANF (Temporary Assistance to Needy Families) such as Cash Assistance (SNAP benefits are not included)
9. Interest, dividends, and other income from net family assets (including income distributed from trust funds). On deeds of trust or mortgages, only the interest portion of the monthly payments received by the applicant is included;

10. Lottery winnings paid in periodic payments (winnings paid in a lump sum are included in net family assets - NOT in Annual Income); and,
11. Recurring monetary contributions or gifts regularly received from persons not living in the unit, including rent or utility payments regularly paid on behalf of the family. This can include individualized rent concessions or payments which are similar to "in-kind" payments for services rendered or to be rendered including the entire amount of resident service stipends if the stipend exceeds \$200 per month.
12. All regular pay, special pay, and allowances of a member of the Armed Forces (See income exclusions for Hazardous duty pay).

B. Annual Income Excludes:

Certain sources of income should not be counted as annual income:

1. Employment income of members of the household that are under eighteen, including foster children. Head of household and spouse may never be considered minors. (Unearned income such as social security payments received on behalf of minors must be included as income).
2. Resident service stipends that do not exceed \$200 per month received by a resident for performing a service for the owner, on a part-time basis, that enhances the quality of life in the housing development. If the stipend exceeds \$200 per month, the entire amount is included in annual income. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiatives coordination. **A resident may not receive more than one such stipend during the same period of time.**
3. Earnings in excess of \$480 for each full-time student, 18 years old or older (except the head or co-head of household and spouse).
4. Meals on Wheels or any other program that provides food for the needy; groceries provided by persons not living in the household; and amounts received under the School Lunch Act and the Child Nutrition Act of 1966.
5. Income associated with persons that live in the unit but are not household members. For example, this would include:
 - a. payments received for care of foster children or foster adults; and,
 - b. income of live-in aides:

A **live-in aide** is an individual who resides with one or more elderly persons, near elderly persons, or persons with disabilities and who:

1. is determined to be essential to the care and well-being of the persons'; and
2. is not obligated for the support of the persons; and
3. would not be living in the unit except to provide the necessary supportive services (24 CFR 5.403).

While a relative may be considered a live-in aide, they shall meet the above requirements, **especially the last**. The live-in aide qualifies for occupancy only if the individual needing supportive services qualifies and shall not qualify for continued occupancy as a remaining family member if the individual needing the supportive services leaves the unit.

6. The principal portion of the payments received on mortgages or deeds of trust.
7. Loans, regardless of how the money is used. Loans are not counted as income because loans are required to be repaid.
8. Hazardous duty pay to a family member serving in the Armed Forces who is exposed to hostile fire.
9. Temporary, nonrecurring or sporadic income (including gifts).
10. Payments, rebates, or credits received under Federal Low-Income Home Energy Assistance Programs. Includes any winter differentials given to the elderly.
11. Payments received under training programs funded by HUD (Comprehensive Improvement Assistance Program).
12. Adoption assistance payments in excess of \$480 per adopted child.
13. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi Era. Examples include payments by the German and Japanese governments for atrocities committed during the Nazi era.
14. Home care payments paid by a State Agency to families that have developmentally disabled children or adult family members living in the home.

15. Deferred periodic payments of SSI and Social Security benefits that are received in lump sum.
16. Recurring monetary contributions that are paid directly to a child care provider by persons not living in the unit. HUD interprets the regulations to mean that child care expenses that are reimbursed are not included as annual income.
17. The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (CCDBGGA) (42 U.S.C. 9858q). Participating families may either pay a reduced amount based on a sliding fee scale or they may receive a certificate for child care services.
18. Other forms of income excluded by federal statutes are:
 - a. The value of the allotment made under Food Stamp Act of 1977; or now known as the Supplemental Nutritional Assistance Program (SNAP).
 - b. Payment received under Domestic Volunteer Service Act of 1973 (employment through VISTA, Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions).
 - c. Interest of individual Indians in trust or restricted lands, and the first \$2,000 per year of income received by individual Indians that are derived from trusts or restricted lands (25 U.S.C. 1408).
 - d. Payments received under Alaskan Native Claims Settlement Act (43 U.S.C. 1626(c)).
 - e. Payments from certain sub-marginal U.S. land held in trust for certain Indian tribes.
 - f. Payments from disposal of funds of Grand River Bank of Ottawa Indians.
 - g. The first \$2,000 of per capita shares received from judgments awarded by the Indian Claims Commission or the Court of Claims, or from funds the Secretary of Interior holds in trust for an Indian Tribe.
 - h. Payments, rebates, or credits received under Federal Low-Home Energy Assistance Programs. Includes any winter differentials given to elderly persons.

- i. Payment under programs funded in whole or in part under the Job Training Partnership Act (employment and training programs for native Americans and migrant and seasonal farm workers, Job Corps, veteran's employment programs, state job training programs, career intern programs).
 - j. The full amount of student financial assistance either paid directly to the student or to the educational institution. This includes scholarships, grants, fellowships and any other kind of student financial assistance. It does not matter what the assistance is actually used for.
 - k. Payments received after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re: Agent Orange product liability litigation, M.D. L. No. 381 (E.D.N.Y.).
 - l. Payment received under Title V of the Older Americans Act (Green Thumb, Senior Aides, and Older American Community Service Employment Program).
19. Grants or other amounts received specifically for:
- a. Medical expenses;
 - b. Set aside for use under a plan to Attain Self Sufficiency (PASS) and excluded for purposes of Supplemental Security Income (SSI) eligibility; and,

NOTE: A PASS permits a person with disabilities who is receiving Supplemental Social Security (SSI), and who is also receiving other income, to set aside a portion of the other income in order to achieve a work-related goal.
 - c. Out-of-pocket expenses for participation in publicly assisted programs and only to allow participation in these programs. These expenses include special equipment, clothing, transportation, child care, etc.

4. Assets

4:1 Assets

Assets are items of value that may be turned into cash. For example, a Savings account is an asset; if the bank pays interest on the asset, the interest is the income from the asset. Not all Assets accrue or earn interest. Assets for all members of the household (including minors) and are considered along with verified income in determining the eligibility of a household.

Some belongings of value are not considered an asset. Necessary personal items are not considered assets.

The asset information (total value and income to be derived) should be obtained at the time of application. For a household to be considered as qualified as LOW; third party verification of assets and asset income is required. Once the household's assets and asset income has been verified the applicant/resident will affirm that this information is correct by executing the Income Certification and the Asset Declaration.

A. Assets Include:

1. Cash held in **Saving Accounts** (the current amount) and **Checking Accounts** (average 6-month balance), and cash on hand (current amount).
2. Trusts - Include the principal value (the current amount) of any trust available to the household. **Do not** include irrevocable trusts or trusts that are not controlled by the household or a member of the family. An example of an irrevocable trust is a trust fund established for a son or daughter, prior to the parent's death. The benefactor receives only the interest from the trust during his/her lifetime and cannot withdraw the principal.
3. Equity in Real Estate or other Capital Investments - Include current market value less unpaid balance on any loans secured by the property and any reasonable costs that would be incurred in selling the asset such as prepayment penalties or broker fees. Also include rental income from real estate as asset income.
4. Stocks, Bonds, Treasury Bills, Certificates of Deposit, Money Market Funds - Include current market value less costs that would be incurred in selling the asset such as penalties or broker fees.
5. Individual Retirement (IRA) and Keogh Accounts - Include current value less costs that would be incurred in cashing the asset out such as tax penalties or and fees.
6. Retirement and Pension Funds: - Include current value less costs

that would be incurred in cashing the asset out such as tax penalties or/and other fees.

NOTE: The terms and restrictions of retirement accounts are determined by the source and/or the employer.

- While the person is employed, include only the amount the family can withdraw, with or without penalty, or terminating employment; and,
- at retirement or termination of employment, if benefits will be received in a lump sum, include the benefits in NET FAMILY ASSETS. If benefits are paid in periodic payments, include the benefits in annual income.

7. Lump sum receipts should include inheritances, capital gains, one-time lottery winnings, settlements on insurance and other claims. (DO NOT include lump sum receipts that must be counted as income).

8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, paintings, etc. (An applicant's wedding ring and other personal jewelry are not considered assets.) **Includes items/cash held in safety deposit boxes.**

9. Assets owned by more than one person should be prorated according to the percentage of ownership. **NOTE: If the percentage of ownership is unclear or undetermined, you are to split the assets evenly.**

10. A mortgage or Deed of Trust held by an Applicant
Payments on this type of asset are often received as one combined payment of principle and interest with the interest portion counted as income from the assets (not the loan payment portion).

11. Whole Life Insurance - Include current value less costs that would be incurred in cashing the asset out such as tax penalties or and other fees.

B. **Assets Do Not Include:**

1. Necessary personal property (i.e., clothing, furniture, wedding ring, automobiles, or vehicles specially equipped for the disabled, etc.).
2. Interest in Indian Trust Land.
3. Term Life Insurance policies where there is no cash value.

4. Equity in the cooperative unit in which the family lives.
5. Assets that are part of an active business. (This exception does not include rental of properties that are held as investments and not a main occupation).
6. Assets held in the applicant's name, but which are actually owned by someone else, such as:
 - a. Assets and any earned income that is accrued to the benefit of someone else; or,
 - b. A situation wherein another person is responsible for income taxes incurred on income generated by the assets; or,
 - c. If the applicant is responsible for disbursing someone else's money, such as in the case of having the Power of Attorney, but the money is not his/hers and no benefit is received.
6. Assets that are not accessible to the applicant and provide no income to the applicant.

4:2 Verification Guidelines

Third Party Verification is required when verifying household's assets and asset income. Owner's may accept either A. Third party verification directly from the source and/or B. Documents provided by the applicant/resident given that the documents/statements obtained clearly reflect the institutions name and account types, **and include**;

- The applicant/residents name and corresponding account numbers; **and**,
- The date in which the information is current as of; **and**,
- The applicant's current or average balances held in accounts (depending on asset verified); **and**,
- Anticipated annual income or rates of return expected to be derived from the asset(s); **and**,
- List any expected penalties to be derived from converting this asset to cash.

Original documents completed by AND received from the financial institution may be obtained only if it is stamped by the financial institution (retain envelopes to document method of transmittal).

Request for asset verification must include the following:

- State the reason for the request; **and**,
- Include a release statement; **and**,
- Provide a section for the financial institute or another third-party source to document the information as listed above.

4:3 Methods of Transmittal

Asset verification requests must be sent directly to and from the source. The applicant or resident should not hand-carry any verifications to or from the third-party source.

1. Written Verification:

Written documentation sent directly by a third-party source is the preferred method of verification. If document is mailed - It is suggested that a self-addressed, stamped envelope be included with the request for verification.

11. Electronic:

The owner may obtain accurate third-party written verification by facsimile, email, or Internet, if adequate effort is made to ensure that the sender is a valid third-party source.

- Facsimile - Information sent and received via fax is acceptable. The fax shall include a fax strip which must reflect financial institutions name and fax number of the verification source.
- Email - Information sent and received via e-mail is acceptable. Information verified by email is more reliable when the e-mail address includes the name of an appropriate individual and firm.
- Internet - Information verified via the Internet (such as online banking, etc) is considered third-party verification if the owner is able to view web-based information from a reputable and valid third-party source. The owner may accept a printout of the most recent statement if it includes:
 - The relevant information required for a third-party verification,
 - An Internet address and header or footer that identifies the company issuing the statement.

3. Documents provided by the Applicant:

The owner may obtain and utilize accurate and original copies of documents submitted by the applicant/resident. – Documents provided by the applicant must still adhere to the verification guidelines and include the necessary information required to properly verify the asset and asset income.

Copies of any of the reviewed/calculated documents shall be placed in the household's file.

4:4 Receipt of Verification

Once all verification guidelines have been satisfactorily met; Verified information shall be used in a timely manner since household circumstances are subject to change. It is recommended for management to take the following steps to ensure information obtained on the verification(s) is accurate and current:

- Date Stamp: Asset verifications should be date-stamped as they are received.
- Clarification Log: A clarification log shall be used to document additional pertinent information and/or to clarify discrepancies noted while reviewing the verification.

4:5 Verbal Verification:

As with income verification, when written verification is not possible prior to move-in, direct contact with the source will be acceptable to the Housing Finance Authority **only as a last resort** and **must be** followed with proper written verifications. The conversation must be documented in the applicant's file to include all the information that would be included in a proper third-party verification. The name and title of the contact person providing the information, the name and title of the on-site management representative accepting the information, and the date must be included.

4:6 Differences in Reported Assets:

As advised in Chapter 1 (Qualification of Applicants); Management should give the applicant the opportunity to explain any significant differences between the amounts reported on the application and amounts reported on the third-party verification in order to determine actual assets and asset income. The file should be documented to explain the difference. – Always use a separate clarification form.

4:7 Effective Term of Verifications

- Verifications are valid for 120 days from the **date the verification is dated (In relation to the effective date of the Income Certification)**.
- If verifications are more than 120 days old, the owner shall obtain new verifications.

5. Determining the Value of Assets

5:1 Determining the Value of Assets

When computing the value of assets, owners first must verify the market value of the asset by obtaining the cash value, then deducting reasonable expenses if the assets were converted to cash. Expenses which may be deducted include:

- Penalties for withdrawing funds before maturity;
- Broker/legal fees assessed to sell or convert the asset to cash; and/or,
- Settlement costs for real estate transactions.



It is essential to note that a household **is not** required to convert an Asset to cash. Determining the cash value of the Asset is done simply as a calculation by the owner because it is a required step when determining income from Assets under program requirements.

Assets that are Jointly Owned

A. If Assets are owned by more than one person, prorate the Assets according to the percentage of ownership. If no percentage is specified or provided by a State or local law, prorate the Assets evenly among all owners.

B. If an Asset is not effectively owned by an individual, do not count it as an Asset. An Asset is not effectively owned when the Asset is held in an individual's name, but (a) the Asset and any income it earns accrue to the benefit of someone else who is not a member of the family and (b) that other person is responsible for income taxes incurred on income generated by the Assets.

5:2 Determining Income from Assets

The amount of interest or rate of return from an asset should be third party verified. Once the cash value of the asset is determined; utilize the interest rate to calculate the income from asset.

Example:

Jane's savings account has a current balance of \$1,500.00. This account accrues 2% interest and there are no penalties derived from "cashing" this asset out. (Multiply \$1,500 x 2% = \$30.00) The anticipated asset income from the savings account is \$30.00.

5:3 Total Cash Value/Imputed Income

Lower Income Applicants:

If the total asset value is \$5,000 or less, add the amount of income to be derived to the total verified income. When the total asset value exceeds \$5,000, add the greater of 1) the actual annual income to be derived from these assets, or 2) the imputed income using **.06 percent** passbook rate (specified by HUD) to the total verified income.

The combined total income cannot exceed the applicable lower income limits.

Middle Income Applicants:

The actual annual income to be derived from the total asset amount must be added to the total verified income. **For middle income applicants, the .06 percent calculation described above should not be used.** The combined total income cannot exceed the applicable middle-income limits.

5:4 Sale or Disposition of Assets for Lower Income Applicants only:

At the time of application, it must be determined if the applicant has disposed of any asset for less than fair market value at any time prior to two years before the effective date of the certification.

1. If the fair market value of the disposed assets exceeds the gross amount that the family has received by more than \$1,000, then include as income the whole difference between the cash value and the amount received. If the difference is less than \$1,000, do not count it.
2. Do NOT consider assets disposed of for less than fair market value as a result of a foreclosure, bankruptcy, or a divorce or separation settlement.
3. Do consider:
 - Assets put into trusts; and/or,
 - Business asset disposed of for less than fair market value. (Business assets are excluded from net family assets only while they are part of an active business).

6. Determining Eligibility

6:1 Determining Income Eligibility

Initial Occupancy

Applicants shall be considered qualified to reside in a lower or middle-income unit, if the total verified income and verified asset income for the household at move-in does not exceed the maximum income limits that are applicable to the development (See Section 6:3 “Income Limits”, for Income limit determination)

Recertification

Existing households shall be considered qualified to reside in a lower unit, if the total verified income and asset income for the household at time of recertification **does not** exceed 140% of the maximum income limits that are applicable to the development (See Section 6:3 “Income Limits”, for Income limit determination). **For documenting changes in income/household size see Chapter 9. Certification information.**

6:2 Determining Household Size

It is important to keep in mind that it is the applicants themselves who disclose who is and who is not a member of the household. Household composition should be determined at the time of initial application and at each recertification.

When determining family size for income limits, the owner must include the following individuals who may not be living in the unit:

1. Children temporarily absent due to placement in a foster home;
2. Children in joint custody arrangements who are present in the household 50% or more of the time. If disputed, determine which parent claimed the children as dependents for purposes of filing a federal income tax return.
3. Children who are away at school but who live with the family during school recesses.
4. Unborn children of pregnant women (as self-certified by the woman). **DO NOT request medical backup or supportive documentation.**
5. Children who are in the process of being adopted; where a match with a potential child can be determined and documented.
6. Temporarily absent family members who are still considered family members if approved to live in the unit. For example, the owner may consider a family member who is working in another state on assignment

to be temporarily absent. **NOTE:** If a household member is temporarily absent, and the absent member is unable to sign the initial or recertification documents timely due to extenuating circumstances, the file should be properly documented with the reasons for the delay. Also, the file should indicate how and when the tenant will provide the proper signature.

7. Family members in the hospital, or a rehabilitation facility, for periods of limited or fixed duration are considered a family member. These persons are temporarily absent; and
8. Persons permanently confined to a hospital or nursing home. The family decides if such persons are included when determining family size for income limits. If the family chooses to include the permanently confined person as a member of the household, the owner must include income received by the confined person in calculating family income.
9. Persons in the Armed Forces; if an individual is considered Head, Co-head, or spouse, they shall be considered part of the household for income limit purposes and their income should be included.

The exceptions would be those cases where the household is ineligible to be counted as lower income as described in the Verification Section (refer to Chapter 2 Verification Requirements) and in the Income Certification Instructions Sections (8:1) of this manual which refer to students.

6:3 Income Limits

The Housing and Economic Recovery Act (HERA) of 2008 imposed a “hold harmless provision” which in general requires that the income limits currently used by a project shall not be less than those income limits used by the project in the preceding year. Properties shall not implement the newly released income limits if by doing so would cause a reduction from the income limits already in use.

HUD publishes the income limits on an annual basis. First Housing is currently submitting these to the HFA.

In past years, Properties that had at least one building that was “Placed in Service” (PIS) on or before 12/31/2008 were instructed to utilize the 2010 income limits; however, **the 2020 maximum limits have been posted by HUD (on 04/01/2020);** ***THE 2020 INCOME LIMITS MUST BE IMPLEMENTED FOR ALL HFA BOND PROPERTIES ON OR BEFORE 05/16/2020.***



Developments with multiple affordable housing programs must utilize limits for whichever program is the most restrictive.

6:4 Initial Certification

The effective date of the initial determination of household income is determined by the date in which the qualified household initially occupies the unit.

A UNIT SHALL NOT BE COUNTED AS A SET-ASIDE UNIT UNLESS THE HOUSEHOLD RESIDING IN THE UNIT IS PROPERLY CERTIFIED.

Steps for Initial Certification

- i. Review completed application and interview household members to confirm application has current information on anticipated income, assets, and household composition for the upcoming certification year; **and**,
- ii. Have household members sign a consent form giving permission for management to verify the information requested; **and**,
- iii. Verify the household's income (refer to Chapter 2 Verification Requirements), verify the household's asset(s)/asset income and document Student Status; **and**,
- iv. Complete the Tenant Income Certification (See *Exhibit I*) and any other applicable documents; **and**,
- v. Clarify with the resident any variances between the application and verification(s) – be sure to document explanations on a separate clarification form; **and**,
- vi. Have all adult household members sign and date the Income Certification no earlier than 5 days prior to the Effective date. The owner's representative shall complete the owner's section as required. The initial lease and any other applicable documents may be executed at the time the Income Certification is signed.

6:5 Annual Recertification

The income and continued household eligibility of a household occupying a set-aside unit in the development shall be recertified annually* on the basis of the current anticipated Annual Household Income.

The effective date of the Annual Recertification shall be determined by the month the household initially occupied the unit (it is recommended to perform the recertification on the 1st day of the move-in anniversary month, *(for example, if a resident initially certified/moved in 02/14/2010, the effective date of each annual recertification should be February 1st)*). If an alternative procedure for recertification is adopted; it will be necessary to inform the HFA of when the change

occurred. Recertification must still be performed annually and procedures must be clear and consistent.

A. For Projects required to certify 100% of units as Low:

Full certifications (verification of all sources of income, documentation of assets/asset income, student status, and execution of Income Certification) must be performed at move-in and at the first-year anniversary (on the 1st day of the move-in anniversary month – See example above); however, performing full certification after the 1st anniversary (also called a “Subsequent Year”) **is not** required.

Performing “Subsequent Year Certifications”

A Student Status Declaration form (See **Exhibit C**) on an annual basis (by the 1st day of the move-in anniversary month). The Student Status Declaration is to be kept in the residents file and available for review if requested.

NOTE: Full certification may be required if the household requests a unit transfer or if there is a change to the household composition and/or student status.

****Owners must continue to adhere to the rent CAP restrictions.****

B. For Projects that are not required to certify 100% of units as Low:

Full certifications (verification of all sources of income, documentation of assets/asset income, student status, and execution of Income Certification) must be performed annually (on the 1st day of the move-in anniversary month – See example above).

Steps for Recertification

It is recommended that all steps shall be completed at least thirty-five (35) days before the effective date and cannot be completed more than one hundred and twenty (120) days prior to the first day of the recertification anniversary month. Early completion shall enable the owner to give the household 30 days advance notice of any increase in rent.

- i. Maintain a tracking system to facilitate timely completion of recertification.
- ii. Provide written notice to household regarding upcoming recertification; can be completed up to one-hundred twenty (120) days in advance prior to the anniversary date of initial move-in that recertification is due.

- iii. Schedule an appointment for an interview.
- iv. Interview household members to obtain current information on anticipated income, assets, and household composition for the following certification year, and have household members sign the verification form giving permission for release of the information requested. To facilitate the interview, it is recommended that a recertification questionnaire be used.
- v. Verify the household's income (refer to Chapter 2 Verification Requirements). Document asset/asset income and Student Status.
- vi. Complete the Tenant Income Certification (See **Exhibit I**) and any other applicable documents.
- vii. Notify household of any changes (in rent, eligibility, etc.)
- viii. Have the tenant sign the Income Certification. The owner's representative shall complete the owner's section as required. The renewal lease may be executed at the time the Income Certification is signed.
- ix. If the recertification is signed after the Effective date, a True and Correct statement as of the effective date must be added by management to both pages. All adult tenants must initial the first page and management must initial the second page.

7. Leases

7:1 Leases

All residents must execute a current lease in order to occupy a unit. The HFA of Miami-Dade recommends a minimum initial lease term of twelve (12) months. Subsequent leases may be month to month **(as long as the initial lease term has been met).**

General Lease Guidelines:

A. The lease should include:



- i. The full legal name of all occupants (including minors) – All adults should be listed as parties to the lease agreement; **and,**
- ii. A description of the unit to be rented (including but not limited to the unit address, apartment number, and bedroom size); **and,**
- . The move-in date; **and,**
- i. The Lease term indicating the beginning and end dates; **and,**
- iii. The monthly rent amount; **and,**
- ii. Relevant provisions of the Regulatory Agreement(s); **and,**
- iv. The use of the premises, the rights and obligations of the parties, and/or the Community rules and regulations.

Be sure to include required provisions as addressed in the Florida Residential Landlord and Tenant Act (Chapter 83, Part II of the Florida Statutes)

- B. It is important for the lease to reflect the correct date of move-in, or the date the applicant takes possession of the unit. The lease term should coincide with the effective date of the Income Certification (Example, resident(s) move-in 02/14/2018; the lease start date should be 02/14/2018 and the end date should be 01/31/2019).
- C. Only occupants of the unit shall be included on or sign the lease.
- D. Assignment and subletting of leases is not permitted.
- E. As of January 1, 1989, all lease transactions must include Radon Gas Disclosure using the language required by Florida Statutes 404.056(8). The language may be incorporated in the lease or a Radon Gas Disclosure Statement may be executed (see ***Exhibit H***). **A Radon Gas Disclosure Statement must be executed at the time of initial lease and at each lease renewal.**

8. Income Certification

8:1 Line-By-Line Instructions Income Certification (Exhibit I)

This form is to be completed by the owner or an authorized representative.

These instructions are not a complete guide on program compliance. The responsibility for compliance with program regulations lies with the owner of the building(s)/development.

Heading:

<p style="text-align: center; margin: 0;">Tenant Income Certification</p>	1
<p style="text-align: center; margin: 0;">FLORIDA HOUSING FINANCE CORPORATION TENANT INCOME CERTIFICATION</p> <p style="margin: 5px 0 5px 20px;"> <input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other </p> <p style="text-align: center; margin: 0;"><small>Indicates Type</small></p>	<p style="text-align: center; margin: 0;"><small>Enter Full Date (mm/dd/yyyy)</small></p> <p>Effective Date: _____</p> <p>Move-in Date: _____</p>

Check the appropriate box for certification type:

- Initial Certification Move-in or when household initially takes possession of the unit
 - Recertification First anniversary or annual recertification
 - Other If Other, designate the type of the certification (i.e. Household change or Other state-required certification).
- NOTE:** Unit transfers should be treated as an initial certification

Enter the full date (month/day/year) for the following:

- Effective Date Enter effective date of certification. For newly-constructed developments the Initial Certification shall be the move-in date. For the first anniversary and subsequent annual recertification, this shall be no later than one year from effective date of the previous certification. It is recommended that recertification is completed on the first day of the household’s move-in anniversary month.
- Move-In Date Enter effective date of the move-in/Initial Certification. As noted above if this is an Initial Certification this date shall the same as the Effective date. For the first anniversary and subsequent annual recertification, this shall be the date in which the Initial Certification took place.



Note: The effective date must be entered in order for the Age as of Effective to populate.

Part I - Development Data:

PART I - DEVELOPMENT DATA			
Key Number _____	Development _____	County _____	
Unit ID: _____	BIN # _____	Address _____	City _____

Enter the information for Part I – Development Data:

Development Enter the name of the development.
 County Enter the county in which the building is located.
 Unit ID Enter the unit number.
 BIN # If the development is a Housing Credit development, enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609)
 Address Enter the address of the building where the unit is located.
 City Enter the city in which the building is located.

Part II - Household Composition:

PART II - HOUSEHOLD COMPOSITION						
HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)	Age as of Effective Date	Full Time Student (Y or N)
1			H - Head			
2						
3						
4						
5						
6						
7						
8						
9						

Enter the information for Part II – Household Composition for all occupants of the unit:

Last Name Enter the full last name of each occupant of the unit.
 First Name & Middle Initial Enter the full first name and middle initial of each occupant of the unit.
 Relationship to Head of Household according to State each occupant’s relationship to the head of household according to
 One of the following coded definitions:
 H - Head of Household
 S - Spouse
 A - Adult co-tenant
 O - Other family member
 C - Child
 L - Live-in caretaker
 F - Foster child(ren)/adult(s)

U - Unborn Child- This code is also to be used for children in the process of being adopted where a match has been determined and documentation has been provided
 N - None of the above

There shall be only one Head of Household; there shall be only one spouse; list the same person as Head on subsequent Recertification's as long as that person is a member of the household. The addition of a spouse does not change a remaining prior member's position as Head.

Date of Birth Enter the full date of birth (month/day/year) of the applicable household member.

Age as of Effective Date The age that the occupant will be on the date that the current certification is effective.

Note: This is a formulated field. The Effective Date must be entered in the TIC Heading in order for the age to calculate.

Full Time Student (Y or N) Enter Y for Yes or N for No to indicate if the applicable household member is or will be a full-time student at any time during 5 or more calendar months of the certification year. Full time status is determined by the institution being attended.

If there are more than 8 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification. Any additional sheets must be signed and dated by all adult occupants.

Part III - Annual Income:

PART III - GROSS ANNUAL ANTICIPATED HOUSEHOLD INCOME (USE ANNUALIZED AMOUNTS)						
HH Mbr #	(A) Employment or Wages	(B) Social Security/ Pensions	(C) Public Assistance	(D) Other Income	If Other, Indicate Type	
Calculate sum of (A) through (D), above						(E) TOTAL ANTICIPATED INCOME: \$ -

Enter the information for Part III – Annual Income:

This Part reflects gross income anticipated to be received by the household for the twelve-month period that begins with the effective date of the current certification. Complete a separate row for each income-earning member, using the respective household member number from Part II. Enter the exact amount of income from the third-party verification forms obtained from each income source. If a household member has multiple incomes of a single type, the combined exact income amounts shall be determined and the total for each type entered on the TIC. The resident file shall contain documentation of the determination of aggregate amount.

PART III - GROSS ANNUAL ANTICIPATED HOUSEHOLD INCOME (USE ANNUALIZED AMOUNTS)						
HH Mbr #	(A) Employment or Wages	(B) Social Security/ Pensions	(C) Public Assistance	(D) Other Income	If Other, Indicate Type	
Calculate sum of (A) through (D), above					(E) TOTAL ANTICIPATED INCOME:	\$ -

Enter for each household member:

Column (A) Exact amount of the annualized gross wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.

Column (B) Exact amount of annualized Social Security, Supplemental Security Income, pensions, military retirement, etc., payments.

Column (C) Exact amount of annualized income received from public assistance (i.e., TANF – Cash Assistance, general assistance, disability, etc.).

Column (D) Exact amount of annualized alimony, child support, and unemployment benefit payments, or any other income regularly received by the household.

If Other, Indicate Type Enter the income type for which an amount has been entered in Column (D).

Enter for the household:

Item (E) Exact amount of the sum of columns (A) through (D), above.

Note: This is a formulated field. The income listed in the columns noted above should calculate the total household income.

Part IV - Income from Assets:

PART IV - CASH VALUE OF ASSETS AND ANNUALIZED ANTICIPATED HOUSEHOLD INCOME FROM ASSETS							
HH Mbr #	(F) C / I	(G) Checking	(H) Savings	(I) CD	(J) Other	If Other, Indicate Type	(K) Asset Income
(L) TOTAL CASH VALUE: Calculate sum of (G) through (J) above:					\$ -		
(M) Total Anticipated Actual Asset Income:							\$ -
(N) Enter Item (L) amount if total exceeds \$5,000:		\$ -	X	Passbook Rate	0.06%	=	(O) Imputed Income: \$ -
(P) TOTAL INCOME FROM ASSETS: Enter the greater of Item (M) or Item (O)							\$ -

Enter the information for Part IV – Income from Assets:

This Part reflects combined household assets including assets of minors. Asset information for each household member shall be entered on a single row. When a

household member has both current (C) and imputed (I) assets a separate row per household member shall be used for assets of each status. The exact value of assets shall be entered. If a household member has multiple assets of a single type, the aggregate value of all assets of that type shall be determined and the total for each type entered on the TIC. The resident file shall contain documentation of the determination of aggregate value.

PART IV - CASH VALUE OF ASSETS AND ANNUALIZED ANTICIPATED HOUSEHOLD INCOME FROM ASSETS							
HH Mbr #	(F) C / I	(G) Checking	(H) Savings	(I) CD	(J) Other	If Other, Indicate Type	(K) Asset Income
(L) TOTAL CASH VALUE: Calculate sum of (G) through (J) above:					\$ -		
(M) Total Anticipated Actual Asset Income:							\$ -
(N) Enter Item (L) amount if total exceeds \$5,000:		\$ -	X	Passbook Rate	0.06%	=	(O) Imputed Income: \$ -
(P) TOTAL INCOME FROM ASSETS: Enter the greater of Item (M) or Item (O)							\$ -

Enter for each household member:

Column (F) Select the asset ownership status for each asset/asset type entered on the TIC:

C - Household currently owns or holds the asset, or

I - Household disposed of the asset for less than fair market value within two years prior to the effective date of certification.

Note: Imputing of disposed assets does not apply to households being qualified for the County BOND/MMRB 150% income category

Column (G) Exact cash value of assets held in a checking account.

Column (H) Exact cash value of assets held in a savings account.

Column (I) Exact cash value of assets held in a certificate of deposit (CD).

Column (J) Exact cash value of assets held in real estate owned, or other non-banking assets.

If Other, Indicate Type Enter the type of the asset for which an amount has been entered in Column (J).

Column (K) Enter the exact amount of anticipated annual income actually derived from all assets listed in Columns (G), (H), (I), and (J), e.g., savings account balance multiplied by the annual interest rate.

Item (L) The sum of the asset cash values listed in Columns (G), (H), (I), and (J).

Note: This is a formulated field.

PART IV - CASH VALUE OF ASSETS AND ANNUALIZED ANTICIPATED HOUSEHOLD INCOME FROM ASSETS							
HH Mbr #	(F) C / I	(G) Checking	(H) Savings	(I) CD	(J) Other	If Other, Indicate Type	(K) Asset Income
(L) TOTAL CASH VALUE: Calculate sum of (G) through (J) above:					\$ -		
(M) Total Anticipated Actual Asset Income:							\$ -
(N) Enter Item (L) amount if total exceeds \$5,000:		\$ -	X	Passbook Rate	0.06%	=	(O) Imputed Income: \$ -
(P) TOTAL INCOME FROM ASSETS: Enter the greater of Item (M) or Item (O)					\$ -		\$ -

Item (M) The sum of Column (K).

Note: This is a formulated field.

Item (N) The Item (L) amount if the amount exceeds \$5,000.

Note: This is a formulated field.

Item (O) If a value of greater than \$5000 is entered in Item (N), a calculation of imputed asset income shall be done. Multiply Item (N) by .06% and enter the amount in (O), Imputed Income.

Note: This is a formulated field. This question does not apply to middle-income units.

Note: Imputing of disposed assets does not apply to households being qualified for the County BOND/MMRB 150% income category

Item (P) The amount of Item (M) or Item (O), whichever is greater.

Part V – Total Household Income from all Sources:

PART V - (Q) TOTAL HOUSEHOLD INCOME FROM ALL SOURCES - Add (E) + (P)	\$ -
--	------

Enter the information for Part V – Total Household Income from all Sources:

Item (Q) Total annual Household Income From all Sources. Add (E) and (P) and enter the total. **Note: This is a formulated field.**

HOUSEHOLD CERTIFICATION AND SIGNATURES:

HOUSEHOLD CERTIFICATION AND SIGNATURES			
<small>The information on the 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 gross 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.</small>			
<small>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.</small>			
Signature _____	(Date) _____	Signature _____	(Date) _____
Signature _____	(Date) _____	Signature _____	(Date) _____

After all verifications of income and/or assets have been received and calculated, the Head of Household shall sign and date the Tenant Income Certification; the Spouse, if any, shall sign and date the Tenant Income Certification; and, all other household members that have attained age 18 shall sign and date the Tenant Income Certification. For move-in, The Tenant Income Certification shall be signed **no earlier than 5 days**

prior to the effective date of the certification. If move in is delayed a new Tenant Income Certification shall be executed. An affidavit shall be executed by all parties to the Tenant Income Certification, attesting to the continued accuracy of the information contained on the Tenant Income Certification.

Part VI - Student Status:

PART VI - STUDENT STATUS	
Is every household member a full-time student? <i>(refer to Part II)</i>	Student Explanation 1 TANF assistance 2 Job training program 3 Single parent / dependent child 4 Married / joint return 5 Former foster child in transition to independence
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, enter Student Explanation number _____	

Enter the information for Part VI – Student Status:

If all household members are full time students, check Yes. If at least one household member is not a full-time student, check No. **Note: These are formulated fields.**

If Yes is checked, the appropriate explanation number **shall** be listed on the line to the right eligibility consideration.

Student Explanations

Number	Explanation
1.	I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act.
2.	I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar Federal, State, or local laws.
3.	I am a single parent with dependent children and none of the household members are dependents of another party other than a parent of the children.
4.	I am married and filed a joint federal tax return with my spouse.
5.	I am a former foster child in transition to independence.

Part VII – Program Name:

PART VII - PROGRAM NAME		
<p>Indicate AMI category served by household for <u>set-aside requirement of each Florida Housing program</u></p>		
	AMI	
	<u>Category</u>	<u>CAP **</u>
MMRB	_____ %	_____ ** Upon
SAIL	_____ %	_____ recertification the
Housing Credit	_____ %	_____ household
HOME	_____ %	_____ exceeded the
AHL	_____ %	_____ income cap
HUD Risk Sharing	_____ %	_____ according to
SHIP	_____ %	_____ program(s)
COUNTY BOND	_____ %	_____ eligibility
	_____ %	_____ requirements.

Enter the information for Part VII – Program Name:

Enter the Program Name for County BOND and the applicable AMI percentage category for only the County BOND/MMRB program toward which this household’s unit will be counted. If a household met eligibility requirements at move in and later ceases to be qualified at low but continues to be eligible mark the Over Income (CAP) column of the program for which household no longer qualifies.



List all program set-aside percentages that apply to the project under the AMI category column.

Part VIII – Determination of Income Eligibility

PART VIII - DETERMINATION OF INCOME ELIGIBILITY	
Current total household income <i>(refer to Part V)</i>	\$ _____
<u>Most restrictive AMI category met by household</u> <i>(refer to Part VII)</i>	
_____ AMI %	Current Income Limit \$ _____
<u>Recertification only</u>	
Household size at move in	_____
Total household income at move in	\$ _____
Current Income Limit x 140%	\$ _____
Household income exceeds 140% at Recertification:	
_____ Yes	_____ No

Enter the information for Part VIII –Determination of Income Eligibility:

Current total household income Enter the amount of Total Household Income from All Sources from Item (Q), Part V. **Note: This is a formulated field.**

AMI % Enter the most restrictive (lowest) AMI category met by the household in Part VII. **Note: This is a formulated field.**

Current Income Limit per Household Size Enter the income limit for the household size that is in effect when the Tenant Income Certification is executed.

Enter the following only upon recertification.

Household size at move in Enter the number of household members from the Initial Certification.

Household income at move in Enter the amount of Total Household Income from all sources from the Initial Certification.

Current Income Limit x 140% Multiply the current income limit by 140% and enter the total. Below, indicate if the household income exceeds that total by marking Yes or No as appropriate. If the Gross Annual Income at recertification is greater than 140% of the current income limit, the available unit rule must be followed. **Note: This is a formulated field.**

If the household income exceeds 140% of the current income limit at execution of the recertification Tenant Income Certification check Yes. If the household income does not exceed 140% of the current income limit at execution of the recertification Tenant Income Certification check No. **Note: This is a formulated field.**

NOTE: Under the Miami Dade HFA guidelines, it is recommended to include a manual check for households that exceed 140% of the income limit, to ensure the income does not exceed the 150% limit (**for properties that require household's income to not exceed 150%**). If a property is not required to certify 100% of the units as low and has a 150% set aside, the set asides on the Income Certification must be adjusted (as well as the income limit) when a lower set aside no longer income qualifies as such.

Part IX – Rent:

PART IX - RENT			
Rental Assistance	\$ _____	Unit meets ELI / Housing Credit / HUD Risk Sharing rent restriction at AMI Category	_____ %
If Section 8, indicate assistance type:		Unit meets HOME Program rent restriction at	_____
Tenant Based _____		Number of bedrooms in this unit	_____
Project Based _____		Current rent limit for this unit	\$ _____
Utility Reimbursement	\$ _____	<i>(Refer to applicable schedule of maximum allowable rents)</i>	
Tenant-Paid Rent	\$ _____	Rent Concession - throughout current lease	
<i>(include non-optional charges)</i>	\$ _____	Total Amount	\$ _____
Utility Allowance	\$ _____	Lease Term	_____
TOTAL TENANT PAYMENT	\$ _____	<i>(in months)</i>	
<i>(Tenant paid rent plus utility allowance)</i>	\$ _____		

Enter the information for Part IX – Rent:

Rental Assistance Enter the amount of rental assistance, if any. Section 8 assistance Type Mark the type of Rental Assistance as appropriate, Tenant Based or Project Based. Utility Reimbursement Enter the amount of the utility reimbursement received by the household, if applicable. Tenant Paid Rent Enter the amount the household pays toward rent (not including rent assistance payments such as Section 8). Tenant Paid Rent includes non-optional charges such as mandatory garage rent, storage lockers, charges for services provided by the Development, etc.
Note: This may be a negative amount if the household receives a utility reimbursement.

Utility Allowance Leave blank if no Utility Allowance applies to the program.

Total Tenant Payment Enter the total of Tenant Paid Rent plus Utility allowance and other non-optional charges.
Note: This is a formulated field.

Rent Concession Frequency/Duration Enter the frequency/duration of the rent concession given, if any.

SIGNATURE OF OWNER/REPRESENTATIVE:

SIGNATURE OF OWNER REPRESENTATIVE	
<small>Based on the representations 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 the program(s) indicated in Part VII, and the Extended Use Agreement and/or Land Use Restriction Agreement (if applicable), to live in a unit in this Development.</small>	
Signature: _____	Date: _____
Printed Name: _____	
Title: _____	
<hr/>	
Florida Housing Finance Corporation	February 2015

It is the responsibility of the owner’s representative to sign and date this document immediately following execution by the household members.

When correcting TICS’s the error may not be written over or whited out. The correction must have a line through it and the corrected information written next to the error and initialed. Page 1 should have all adult tenants’ initials and page 2 should have management initials.

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the resident file is extremely important and should be conducted by someone well trained in program compliance.

9. Certification Information

9:1 Lower Income Requirements

The "low or moderate" income federal requirement must be met beginning with 10 percent occupancy and continue throughout the "qualified project period". Thus, 20 percent of the occupants at any one time must be of lower income beginning at the time when at least 10 percent of the units are first occupied. For example, if a project in a non-targeted area contains 200 units, the low-income restrictions need not be met until at least 20 units have been occupied. However, as soon as 20 units have been occupied, 4 units must actually be occupied by occupants of "low or moderate" income (i.e., it is not sufficient that four (4) units are reserved for lower income families).

In addition to federal requirements, any Public Policy Options chosen by the owner/developer must be met beginning with 10 percent occupancy. The Land Use Restriction Agreement describes these options when applicable to individual projects.

Income Category Changes

It should be noted that an occupied unit will remain in the same income category (low or middle) as determined at commencement of occupancy unless a new tenant moves in. At that time the income category of the unit will be re-determined. The income category will not change due to a tenant moving out of a unit.

Unborn Children (add)

If an applicant indicates they anticipate a change to their household within the next twelve months, such as an unborn child the anticipation of the changes should be documented and included on the Tenant Income Certification.

Adding a Roommate/Spouse/Other Person(s)

If a tenant has occupied a unit for a length of time and decides to add a roommate, prior to move-in of the new person management must determine whether the unit may continue to qualify as being occupied by "low or moderate" income individuals or income eligible other than lower income using the income limits in effect at the time the roommate is to be added. Management must ensure and exercise proper due diligence when adding a roommate/spouse, or other person. All application, verification, and certification procedures must be adhered to.

If income eligible, the "anticipated certified annual income" of the existing tenant listed on the original Income Certification and the verified income of the new roommate must be combined on a new Income Certification. It will not be necessary for the existing tenant to sign the new Income Certification;

management may write "see original Income Certification" on the signature line (#6) of the Income Certification. The new tenant(s) must sign the form.

Unit Transfer

Should an existing tenant wish to **transfer to a new unit**, the tenant(s) must be treated as a **new move-in** following all application, verification and certification procedures. Income limits at the time of the move will determine if the new unit will be counted as lower income according to federal regulations or income eligible according to State law. **NOTE: Unit transfers due to medical reason (with adequate documentation) do not have to be treated as a new move-in.**

10. Bond Program Reports/Reporting Requirements

10:1 Bond Program Reports

Bond Program Reports are prepared by project management and submitted to the following agencies by the **10th of each month**:

- Housing Finance Authority (HFA) of Miami-Dade County
- Trustee

A late fee of **\$100 per day** will be assessed if the required monthly bond reports **are not received by the 10th of each month**.

The Bond report and supporting documentation **must be received via electronic submission to HFACOMPLIANCE@HFAMIAMI.COM**

Items to be submitted along with the Bond Program Report are:

- All Income Certifications for each new move-in and/or required re-certifications for the reporting period
- The original Certificate of Continuing Program Compliance (CCPC) signed by an authorized party
- Rent Roll

For new construction and rehabilitation projects not occupied at the time of bond closing, the Bond Program Report must be prepared by management beginning with initial occupancy and submitted monthly thereafter. Beginning with 10 percent occupancy of the total units in the project, the minimum lower income requirement must be met. These requirements continue throughout the qualified project period.

For projects occupied prior to bond closing, the Bond Program Report must be prepared and submitted to the HFA at the time of the Pre-bond Closing Review. After bond closing, the reports must be submitted monthly to all parties listed above. The minimum lower income requirement must be met at the time of bond closing. These requirements continue throughout the qualified project period. For Rehabs, existing households must be initially certified under the new Bonds, regardless if they were previously certified households.

Instructions for completing the Bond Program Reports are displayed on the following pages. See **Exhibit J** for an example of the Program Report form. Generally, reports should be updated on a monthly basis ensuring the information contained corresponds to the reporting period indicated on the summary page and Certificate of Continuing Program Compliance (CCPC).

10:2 BOND Program Report and Line by Line Instructions (Exhibit J)

Summary Page:

HOUSING FINANCE AUTHORITY	
7855 NW 12th Street, Suite 202 Doral, Florida 33126 Reports submitted to hfacompliance@hfamiami.com	
<u>BOND PROGRAM REPORT</u>	
PROPERTY INFORMATION	
Property Name: Street Address: City, State, Zip Code: Submitted by (Name, Title): Telephone Number: E-Mail Address:	
PROGRAM REPORT SUMMARY	
Month: _____	Year: _____
Date Prepared: _____	
Occupancy Information is from the 1st day of _____ through the end of _____	
OCCUPIED BY LOW :	_____
OCCUPIED BY MIDDLE:	_____
OCCUPIED BY MARKET:	_____
	Designate as "MR" on Report
CERTIFIED LOW VACANT:	_____
	Designate as "V" on Report
CERTIFIED MIDDLE VACANT:	_____
	Designate as "V" on Report
MARKET VACANT:	_____
	Designate as "MRV" on Report
OTHER VACANT:	_____
	Designate as "OV" on Report
	List Occupied Exempt Unit(s):
NON-REVENUE (Occupied EM):	_____
	Unit #: _____
	Bed Size: _____
<i>*NOTE: If property is not 100% BOND List "EM" as MR Unit on Market Rate Tab.</i>	
NON-REVENUE (Vacant EM):	_____
	Unit #: _____
	Bed Size: _____
	<i>*Skip Exempt (EM) units on the report. If EM unit is Vac List units below:</i>
TOTAL UNITS:	_____
	<i>*Includes ALL units in the Project.</i>
TOTAL OCCUPIED UNITS:	_____
	<i>*Includes ALL OCCunits in the Project.</i>
TOTAL VACANT UNITS:	_____
	<i>*Includes ALL VACunits in the Project.</i>
TOTAL % OCCUPIED:	_____

Summary Page Completion

Property Information Section:

PROPERTY INFORMATION	
Property Name:	First Housing
Street Address:	107 South Willow Avenue
City, State, Zip Code:	Miami, Florida 33035
Submitted by (Name, Title):	Jane Doe, Compliance Agent
Telephone Number:	800-967-9410
E-Mail Address:	jdoe@firsthousingfl.com

Enter the property information, including the:

- Actual Property Name (Do not indicate Apartments) – Only the property name; **and**,
- Street address for the Property’s physical location; **and**,
- City, State and Zip Code; **and**,
- Name and Title of the person who is submitting the report; **and**,
- Telephone number for the person submitting the report; **and**,
- E-mail Address for the person submitting the report.

Program Report Summary Section:

PROGRAM REPORT SUMMARY						
Month:	<u> MAY </u>	Year:	<u> 2021 </u>	Date Prepared:	<u> 6/1/2021 </u>	
Occupancy Information is from the 1st day of				<u> MAY </u>	through the end of	<u> MAY </u>

Enter the Reporting period information, including the:

- Month and Year of the reporting period using the drop down arrow for the cell line items; **and**,
- The date prepared; **and**,
- The period covered auto prefills from the Month reporting period entered above.

Summary Page Continued:

Enter the Reporting Period Occupancy information, including the:

- Number of units Occupied by LOW households; **and**,
- Number of units Occupied by MIDDLE households, if applicable; **and**,
- Number of units Occupied by MARKET rate (MR) households, if applicable; **and**,
- Number of Certified LOW Vacant (V) Units; **and**,
- Number of Certified MIDDLE Vacant (V) Units; **and**,
- Number of Market Vacant (V) Units, if applicable; **and**,
- Number of Other Vacant (V) Units, if applicable; **and**,
- Number of Non-Revenue or Exempt Units (EM) - Indicate the unit numbers and bedroom size.

OCUPIED BY LOW :	<u>55</u>			
OCUPIED BY MIDDLE:	<u>2</u>			
OCUPIED BY MARKET:	<u>0</u>			Designate as "MR" on Report
CERTIFIED LOW VACANT:	<u>2</u>			Designate as "V" on Report
CERTIFIED MIDDLE VACANT:	<u>0</u>			Designate as "V" on Report
MARKET VACANT:	<u>0</u>			Designate as "MRV" on Report
OTHER VACANT:	<u> </u>			Designate as "OV" on Report
NON-REVENUE (Occupied EM):	<u>1</u>	Unit #:	<u>511</u>	
		Bed Size:	<u>2x2</u>	
<i>*NOTE: If property is <u>not 100%</u> BOND List "EM" as MR Unit on Market Rate Tab.</i>		<i>*Skip Exempt (EM) units on the report. If EM unit is Vac List units below:</i>		
NON-REVENUE (Vacant EM):	<u> </u>	Unit #:	<u> </u>	
		Bed Size:	<u> </u>	

The following totals auto prefill from the keyed in occupancy numbers listed above:

TOTAL UNITS:	<u>60</u>	<i>*Includes <u>ALL</u> units in the Project.</i>
TOTAL OCCUPIED UNITS:	<u>58</u>	<i>*Includes <u>ALL OCC</u>units in the Project.</i>
TOTAL VACANT UNITS:	<u>2</u>	<i>*Includes <u>ALL VAC</u>units in the Project.</i>
TOTAL % OCCUPIED:	<u>97%</u>	

The totals at the bottom will reflect the following:

- Total Number of Units **and**,
- Total Occupied Units **and**,
- Total Vacant Units **and**,
- Total Percent Occupied.

Occupancy Reporting Pages:

The occupancy reporting sections of the Program Report are broken up into categories in which properties will classify the units either as:

- Low Income – Households that are Qualified/Certified at 80% or lower
- Middle / Eligible – Households that are CAP at low and income does not exceed 150%.
- Market Rate – Households that are unrestricted, income exceeds 150%



List all units in numerical order. The unit number and bedroom size should be addressed for ALL units regardless of the category or occupancy status.

LOW INCOME
(Qualified at 80% or Lower)

MONTH: MAY YEAR: 2018 PROPERTY: First Housing

For household that qualify as Low; input the following information:

- Enter the Unit Number (as it corresponds to the Income Certification & Unit).
- If the unit is occupied, Enter the last name of the head of household; Add “Et Al” only if there are additional adults in the household with last names that differ (**Do Not list each name**). If the unit is a Certified Vacant (Previous tenants were certified as low income or income middle/eligible income for at least 31 days); Enter “V”).
- If the unit is occupied, Enter the move-in date (the date resident initially occupied the unit); if the unit is Vacant then indicate the Move-Out date.
- Enter the bedroom size of the unit.

#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-In Date (Move-Out)	Bed Size	#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-In Date (Move-Out)	Bed Size
1	1-101	VAZQUEZ	11/25/04	0	51	5-105	DUENAS, ET AL	05/13/18	2
2	1-102	MORALES, ET AL	01/13/18	1	52	5-106	MARENCO	10/29/16	3
3	1-104	DEAN	03/12/17	2	53	5-107	V	05/30/18	3

NOTE: DO NOT list Non-Revenue units in this section; List only certified Vacancies.

Occupancy Reporting Pages Continued:

LOW - MONTHLY ACTIVITY
(List ALL Additions and Deletions)

MONTH: MAY YEAR: 2018 PROPERTY: First Housing

LOW INCOME

DELETIONS				ADDITIONS			
#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-Out Date	#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-In Date
1	5-105	AGUIRRE-SAEZ, ET AL	04/30/18	1	5-105	DUENAS, ET AL	05/13/18
2	5-107	DARTEZ, ET AL	05/30/18	2			

Additions and Deletions should include:

- Move-ins and move-outs for the reporting period
- Unit transfers showing unit moved out and unit moved into
- Moves from one income section of the report to another, as in from low to middle or middle to low income

MIDDLE / ELIGIBLE
(CAP at LOW; Income does not exceed 150%)

MONTH: MAY YEAR: 2018 PROPERTY: First Housing

#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-In Date (Move- Out)	Bed Size	#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-In Date (Move- Out)	Bed Size
1	1-103	EM	07/01/16	3	51	9-101	BROWN	03/13/17	3
2	7-108	HORN, ET AL	05/01/16	3	52	10-105	VARGAS	04/14/15	3



For each addition and deletion section list income status changes without listing the Move-in/Move-Out date be sure to include the corresponding Income Certification.

For household that qualify as Middle and/or Eligible; input the following information:

- Enter the Unit Number (as it corresponds to the Income Certification & Unit).
- Enter the last name of the head of household; Add "Et Al" only if there are additional adults in the household with last names that differ (**DO NOT list each name**)
- Enter the move-in date (the date resident initially occupied the unit)
- Enter the bedroom size of the

10:2 BOND Program Report and Line by Line Instructions

Additional notes for completing the BOND Program Report (process depends on LURA set-asides):

- **100% Low properties:** If a household initially qualifies as lower-income when they occupied the unit (or on any subsequent determination date), then the household is treated as Low as long as the household income does not increase to a level that exceeds 140 percent in excess of the maximum lower income limits (adjusted for family size). **In this scenario; Household will remain listed in the low section of the report.**
Example: Multiply 1.4 times the current applicable income limit adjusted for family size. If the current tenants' income does not exceed this figure, the unit may be counted as lower income at re-certification.
- **Low and Eligible/Middle:** If a household initially qualifies as lower-income when they occupied the unit (or on any subsequent determination date) and upon recertification that household's income does CAP (exceed 1.4 times the current applicable income limit – adjusted or family size) the unit is then treated as an Eligible household as long as the household income does not increase to a level more than 150 percent of the AMI percentage (adjusted for family size). If this causes the low-income set-aside to drop below the required, the next available unit will need to be rented to a qualified household. **In this scenario; Household will be listed in the Middle/Eligible section of the report.**
- **Low/Market-rate:** If a household that initially qualifies as lower-income when they occupied the unit (or on any subsequent determination date) and upon recertification that household's income does CAP (exceed 1.4 times the current applicable income limit – adjusted or family size) the household cannot be counted towards the low set asides and should be treated as an unrestricted/Market Rate unit. If this causes the low-income to drop below the required, the next available unit will need to be rented to an income qualified household. **In this scenario; Household will be listed in the Market/Unrestricted section of the report – Unit is thus considered Non-Bond.**
- The Bond Program Report should reflect the units and head of household name as reported on the Tenant Income Certification and the Rent Roll.
- Income Certifications for all units listed in the Additions Section of the report and for all units which are being re-certified during the last reporting period should be separated by category and in numerical order by unit number and attached to the Bond Program Report.
- Management should compare and review each new Bond Program Report with the previous month's Report to ensure the correct accounting of all units, including any activity which occurred during the reporting period.

- Properties must adhere to the Bond Report format as provided by the HFA; Do not add or remove sections



Be sure to only include the required Income Certification documents that correspond to the current reporting period. It is not necessary to include the third page of the Income Certification (the Statistical Data sheet).

10:3 Computing Occupancy Percentages:

When projects are in the lease up phase; calculate the percentages of lower income units on total occupied/certified units. Include units actually occupied/certified by lower income persons and any vacant unit which has previously been occupied for at least 31 days by lower income persons. For projects with Public Policy Options requiring more than the lower income federal requirement, reserved units may be included to meet the Public Policy Options if designated as part of the options. Reserved units may not be used to meet the minimum federal lower income requirement.

Formula: Total low (occupied/certified vacant/reserved units if applicable) divided by total occupied/certified units in the project.

After all units in the project have been occupied for at least 31 days, figure the percentage of lows on the total number of units in the project excluding models and exempt units.

Note: The HFA will audit each monthly Bond Program Report and attached Income Certifications for accuracy to ensure that the lower income requirements are being met. Management will be notified of any discrepancies by letter or by telephone. Any discrepancies must be corrected and the HFA advised of the action taken within 30 days of receipt of the letter or with the next Bond Report due and may be subject to late fees if not received on time.

NOTE: Late or improperly received reports will be subject to a late fee of \$100 per day after the due date. The HFA at its discretion may change the monthly BOND reporting delivery method at any time with proper notice.

10:4 Certificate of Continuing Compliance (CCPC) – Exhibit L

The Certificate of Continuing Compliance (CCPC) is a legal document that must be signed by the owner or a designated owners' representative. Please be sure to submit the CCPC with the authorized signatory's signature along with the BOND report and supporting documentation on a monthly basis. **If a CCPC is signed by an owner's representative, the owner must have first submitted a memo giving authorization to the individual(s) who will be signing the CCPC.** The memo must include the authorized signers contact information and a sample of the authorized representative's signature.



Management and its agents may not self-authorize themselves or any of their staff as authorized CCPC signatories. Authorization must come from the Owner – Supporting documentation may be requested to ensure owner entity.

For new construction and rehabilitation projects not occupied at the time of bond closing, CCPC's (**Exhibit M**) must be submitted once the property reaches 10% occupancy and once the property reaches 50% occupancy.

Instructions for completing the Certificate of Continuing Compliance (CCPC) are displayed on the following pages. See **Exhibits L and M** for examples of the Certificate of Continuing Compliance (CCPC) forms. Generally, CCPC's should be completed and executed on a monthly basis ensuring the information contained corresponds to the reporting period indicated on the summary page and should reflect the occupancy as of the last date of the reporting month. *For example*, The CCPC for the May 2021 reporting period will include the occupancy information as of May 31st, 2021.



Properties must adhere to the CCPC format as provided by the HFA; Do not add or remove sections. If a portion does not apply leave it blank.

10:5 Certificate of Continuing Compliance (CCPC) Line by Line Instructions

FORM OF CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

Witnesseth that on this 1st of MAY, 2021, the undersigned, having borrowed certain funds from the Housing Finance Authority of Miami-Dade County, Florida for the purpose of acquiring or constructing Apartments, does hereby certify that such multi-family rental housing project is in continuing compliance with the Land Use Restriction Agreement executed by the undersigned and filed in the official public records of Miami-Dade County, Florida (including the requirement that all units be and remain rental units), that an Income Certification has been submitted for each new tenant in such multi-family rental housing project since the filing of the last such certification and that the same are true and correct to the best of the undersigned's knowledge and belief.

The first paragraph of the CCPC should be completed with the following information:

- Enter the day of the month in which the CCPC was completed and executed by the owner. If using the CCPC tab from the master Excel report, use the drop down arrow for that cell. For example, "1st" or "2nd"; **And,**
- The CCPC cannot be witnessed before the end of the reporting month, **Then,**
- Enter the Month in which the CCPC was completed and executed by the owner. If using the CCPC tab from the master Excel report, use the drop down arrow for that cell. For example, May, June, etc. **Then,**
- Enter the year, but if using the CCPC tab from the master Excel report, use the drop down arrow for that cell.

At all times during the previous month, at least 92% of the residential units were occupied (or deemed occupied) by lower-Income Tenants. 3% of the residential units were occupied (or deemed occupied) by Middle-Income Tenants. No default has occurred under the Land Use Restriction Agreement, or, if a default has occurred, the nature of the default and the steps, if any, Owner has taken or proposes to take to correct such default are outlined on the Schedule attached hereto. As of the date of this Certificate, the following percentages of completed residential units in the Project are occupied by Lower-Income Tenants (as such term is defined in the Borrower Loan Agreement), Middle Tenants, Market Rate, Non-Revenue and Vacant/Other Vacant Units:

The second paragraph of the CCPC certifies the percentage of low and eligible set aside occupied units and should be completed with the following information:

- Enter percentage of units that were occupied by low (certified at 80% or lower, and income does not exceed 1.4 times of the AMI% - adjusted by family size). If using the CCPC tab from the master Excel report, this cell will auto prefill from the Program Report Summary Section; **Then,**
- Enter percentage of units that were occupied by eligible (CAP at low; however, income does not exceed 150% of the AMI%- adjusted by family size). If using the CCPC tab from the master Excel report, this cell will auto prefill from the Program Report Summary Section.
- The percentage in this paragraph should equal the L and M percentages in the third portion of the CCPC.

Occupancy as of the last day of	MAY	2021
	NUMBER	PERCENTAGE
Lower-Income Occupied Units:	55	91.67%
Middle-Income Occupied Units:	2	3.33%
Market Occupied Units:	0	0.00%
Non-Revenue Occupied Units:	1	1.67%
Certified Vacant Units:	2	3.33%
Market Vacant Units:	0	0.00%
Non-Revenue Vacant Units:		
Other Vacant Units:		
TOTAL	60	100%

The third portion of the CCPC provides a section to detail the occupancy per category. All properties will enter the Month and Year that the occupancy break down corresponds with (for example, the May 2021 CCPC should read “Occupancy as of the last day of May, 2021). Properties will enter the total number and corresponding percentage for each category type. Please note the columns in this section of the CCPC should add up to the total number of units the property and the percentages should total 100%. If using the CCPC tab from the master Excel report, these cells will auto prefill from the Program Report Summary Section.



Be sure to use whole numbers (round when necessary) if manually keying in.

All properties will indicate the total units and percentages for the following categories:

- Lower-Income Occupied Units
- Middle-Income Occupied Units
- Market Occupied Units
- Non-Revenue Occupied Units
- Certified Vacant Units
- Market Vacant Units
- Non-Revenue Vacant Units
- Other Vacant Units

When calculating these figures be sure to divide the number of units the category by the total number of units in the property, then multiple that number that by 100. (For example – If a Property has 60 Units, 55 are Low occupied; the corresponding percentage should be calculated as follows: $55/60 = .9167$, multiplied by 100 = 92%. If using the CCPC tab from the master Excel report, the cell will auto calculate the percentage as 91.67%. Completed example is shown above.

The fourth section of the CCPC provides a section to break down occupancy by bedroom size. If a bedroom size does not apply; leave it blank – **do not alter the CCPC form**. In this section, each row, first two columns, should be individually keyed in and should total up to 100% (or less depending on occupancy) for each bedroom size.

<u>Total Number of Units Per Bedroom</u>	<u>Number Occupied by LOW Income</u>	<u>Percentage Occupied</u>
Efficiency:	_____	_____
1 Bedroom:	_____	_____
2 Bedroom:	_____	_____
3 Bedroom:	_____	_____
4 Bedroom:	_____	_____
Total:	0	0

- The first column labeled “Total number of bedrooms in units” should be the total number of units that have that specific bedroom size on the property (regardless of set aside – include low, Middle, Eligible, Market/Unrestricted, and any vacancies).
- The second column labeled “Number of occupied by Lower Income” should be the total of Low households that occupy only that specific bedroom size.
- To calculate the percentage in the third column you will divide the number in the second column by the total number of units listed in the first column then multiply by 100. If using the CCPC tab from the master Excel report, the “Percentage Occupied” will auto calculate.
- The total number of units occupied by low in this portion should equal the low occupied units in the third portion of the CCPC

Completed example:

<u>Total Number of Units Per Bedroom</u>	<u>Number Occupied by LOW Income</u>	<u>Percentage Occupied</u>
Efficiency:	_____	_____
1 Bedroom:	15	93%
2 Bedroom:	45	91%
3 Bedroom:	_____	_____
4 Bedroom:	_____	_____
Total:	60	55

The final section of the CCPC is the signature portion; the Owner or pre-authorized signatory may execute this portion of the CCPC. Be sure to legibly include the following:

- The authorized signatories printed first and last name; **and**,
- The Property Name (**Do not include the word apartments, it is pre-typed**); **and**,
- The Signature and title for the person’s whose name is printed in this section.

Completed Example:

Jane Doe, Owner or designee of First Housing Apartments, on
behalf of First Housing Apartments, LTD., a Florida Limited Partnership:
Jane Doe Signature Managing Member Title

Corrections and/or updates made to submitted CCPC must be sent to the HFA and Trustee.

_____, Owner or designee of _____ Apartments, on
behalf of _____ Apartments, LTD., a Florida Limited Partnership:

Signature Title



If using the CCPC tab from the master Excel report, perform the following to extract the CCPC as a separate document. If you cannot electronically sign, you may print and sign. See printing instructions below:

- Sit on the CCPC tab in the Excel report workbook and right click
- On the “To book” from the drop down menu, select “New book”, then click on “move or copy”, and “Ok”
- Navigate to where you want to save the document, change file name and select PDF as type, and save

10:6 Property Insurance Certificates

In addition to monthly BOND Program reporting requirements; Owners or their representatives are required to provide (**on an annual basis**), proof of current Property Insurance. Current Insurance Certificates must be in the properties name (or legal name) and must show evidence of continued coverage. Coverage amounts represented on the certificates must be at least in the amount of the BOND issuance. The HFA must also be properly listed as the certificate holder/additional interest on the insurance certificate.

Certificate Holder Information should be listed as follows:

**HOUSING FINANCE AUTHORITY OF MIAMI-DADE
7855 NW 12TH STREET, SUITE 202
DORAL, FLORIDA 33126**

Requests for the updated Insurance Certificates are sent from the HFA prior to expiration of the certificate on file; however, **it is the owner's responsibility to ensure that the proper certificates of property insurance are on file.**

The HFA will note any expired or improperly completed (does not have the HFA listed as a certificate holder/additional interest) property insurance certificates as a finding on the Annual Management Review and/or on the Monthly Program Report discrepancy letter(s).

10:7 Housing Finance Authority Compliance Reporting Information

Please be sure to submit responses and compliance correspondences to the HFA Compliance reporting email hfacompliance@hfamiami.com, such as Certificates of Insurance, Annual Review Signature Pages/Responses, Monthly Program Report discrepancy letter responses.

A. Application for Residency



APPLICATION FOR RESIDENCY

(Please print clearly)



YOUR AGENT: _____
 DATE: _____

FOR OFFICE USE ONLY	Today's Date	_____
	Date Received	_____
	Received By	_____
	<input type="checkbox"/> Approved <input type="checkbox"/> Declined	Date: _____
	Apartment Address	_____
	Apartment Size	Move-in Date _____
	Security <u>_____</u> <input type="checkbox"/> <u>_____</u> <input type="checkbox"/> Application	
	Lease Term _____	Monthly Rent _____
Commission	_____	

	APPLICANT	SPOUSE
Full Name (Last, First, M.I.)	_____	_____
Date of Birth	_____	_____
Sex	_____	_____
Marital Status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	_____
Cars (Color/Make/Model/State/Year)	_____	_____
Contact Phone No. - Home/Cellular	_____	_____
Pets <input type="checkbox"/> Yes <input type="checkbox"/> No	Size of Pet _____	_____
Student Status	Not a student <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/>	Not a student <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/>

OTHERS TO RESIDE IN APARTMENT:						
Full Legal Name	Relationship to Applicant	Date of Birth	Sex	Student	Occupation	

APPLICANT	SPOUSE
PRESENT ADDRESS:	PRESENT ADDRESS:
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
Monthly Payment _____ Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>	Monthly Payment _____ Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>
Dates _____	Dates _____
Landlord/Lender _____ Phone: _____	Landlord/Lender _____ Phone: _____
Reason for Leaving _____	Reason for Leaving _____

APPLICANT	SPOUSE
PREVIOUS ADDRESS:	PREVIOUS ADDRESS:
Street _____	Street _____
City/State/Zip _____	City/State/Zip _____
Monthly Payment _____ Rent <input type="checkbox"/> Own <input type="checkbox"/> Lived with Family <input type="checkbox"/>	Monthly Payment _____ Rent <input type="checkbox"/> Own <input type="checkbox"/> Lived with Family <input type="checkbox"/>
Dates From: _____ To: _____	Dates From: _____ To: _____
Landlord/Lender _____ Phone: _____	Landlord/Lender _____ Phone: _____
Reason for Leaving _____	Reason for Leaving _____

APPLICANT	SPOUSE
CURRENT EMPLOYER APPLICANT:	CURRENT EMPLOYER SPOUSE:
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Date of Hire _____	Date of Hire _____
Work Phone _____	Work Phone _____
Position _____	Position _____
Annual Income _____	Annual Income _____
Supervisor _____	Supervisor _____

APPLICANT	SPOUSE
PREVIOUS EMPLOYER APPLICANT:	PREVIOUS EMPLOYER SPOUSE:
Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Work Phone _____	Work Phone _____
Date of Hire _____ Ending date _____	Date of Hire _____ Ending date _____
Position _____	Position _____
Annual Income _____	Annual Income _____
Supervisor _____	Supervisor _____

ANNUAL INCOME

Do you or your spouse have income from or expect to have income from:

INDICATE TOTAL ANNUAL INCOME			Applicant	Spouse	Source(s) name (Applicant / Spouse)
Employment Income	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$	
Self Employment	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$	
Rental Income	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$	
Social Security/Pensions	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$	
Retirement/Annuity	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$	
Contributions from Friends or Family	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$	
Scholarships/Grants/Work Study	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$	
Unemployment benefits	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$	
Worker's Compensation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$	
Child Support/Alimony	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$	
TANF (SNAP/Cash Assst.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$	
Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$	

ASSETS

List all assets for you and your spouse and anyone under the age of 18.

Listing of All Assets	Cash Value	Annual interest % or earnings from asset	Name of Financial Institution/Description of Asset
Checking Account(s) <i>(List \$ Mo. Average)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Savings Account(s) <i>(List Current Balance)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Stocks/ Bonds	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
CD/Money Market	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Mutual Funds	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
IR/401K Account	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Trust Fund	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Whole Life Insurance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Do you currently own a home or have you within the last two years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Other	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$

RELATIVE/EMERGENCY CONTACT (Not Living With You):	RELATIVE/EMERGENCY CONTACT (Not Living With You):
Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____

By signing this application for residency I acknowledge the following:

1. A credit, eviction, and criminal background check will be done in order to qualify for residency.
2. I have received, read, and understand the resident selection policy for the property at which I am applying.
3. The information contained in this application is true and complete. Material misrepresentation on this Application will constitute a default under the Lease or Rental Agreement Between the parties.
4. All information provided by applicant will be kept confidential.
5. I hereby authorize the release of the information requested, including release of information by any bank or savings and loan, employer (present and former), and any Lender.
6. Application must be signed before it can be processed by Management.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Management's Signature _____ Date _____

C. Student Status Declaration

Sworn Declaration of Student Status Addendum to Application

Date _____
Applicant/Resident Name _____
Development Name _____
Unit Number/Identification _____

This rental community has received funding from a program which does not generally allow occupancy by households comprised entirely of full-time students.

A "Student" is an individual who is a fulltime student at an educational organization which normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on, for at least five calendar months during a calendar year.

The following information is requested as part of the household qualification process. Please mark the applicable item(s).

- A. _____ I am not a student and do not anticipate enrolling as a student in the upcoming year.
- B. _____ I anticipate enrolling as a student in the upcoming year.
- C. _____ I am a part-time student and expect to remain a part-time student in the upcoming year.
- D. _____ I am a full-time student.
- E. _____ I am a full-time student and offer the following explanation for eligibility consideration:
1. _____ I receive Temporary Assistance for Needy Families (TANF) payments or other benefits under Title IV of the Social Security Act.
 2. _____ I am enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA) or other similar Federal, State, or local laws.
 3. _____ I am a single parent with dependent children and none of the household members are dependents of another party other than a parent of the children.
 4. _____ I am married and file a joint federal tax return with my spouse.
 5. _____ I am a former foster child in transition to independence.

NOTE: Developments that participate in only the pre-1986 MMRB program shall apply explanation 4 only.

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. 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 a lease agreement. I will provide proof of credit hours or other documentation that may be required for each school term during my occupancy of a unit at this rental community.

Applicant/Resident Signature _____ Date _____

Owner Representative Signature and Title _____ Date _____

Employee Name _____ Job Title _____
 Presently Employed? Yes Date First Employed _____ No Last Date Employed _____
 Current Wages/Salary \$ _____ (check one) hourly weekly biweekly semi-monthly
 Monthly yearly Other _____
 Average # regular hours per week _____
 Overtime Rate \$ _____ per hour Average # of overtime hours per week _____
 Shift Differential Rate \$ _____ per hour Average # of shift differential hours per week _____
 Commissions, tips, bonuses \$ _____ (check one) hourly weekly biweekly semi-monthly
 Monthly yearly Other _____
 List any anticipated change in the employee's rate of pay within next 12 months _____ Effective Date _____
 If the employee's work is seasonal or sporadic, please indicate layoff period(s) _____
 Additional Remarks _____

ment Verification

Appendix J – Employment Verification

1

I hereby certify that the in
 Signature _____
 Printed Name _____
 Firm Name _____

Date _____
 Applicant/Resident Name _____
 Development Name _____
 Unit Number/Identification _____

This rental community has received funding from a program which requires documentation of income as part of the qualification process for household residency.

TO: (Name and Address of Employer) RETURN TO: (Rental Community Address)

I hereby authorize release of the information requested below in order to determine my eligibility for residency at the above rental community in the upcoming year.

Signature _____ Social Security # _____

The following information is requested as part of the household qualification process. The information provided will remain confidential. Your assistance by completing this form and returning it in a timely manner will be greatly appreciated. Please call if you have questions.

Signature _____ Telephone Number _____
 Printed Name _____ Title _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name _____ Job Title _____
 Presently Employed? Yes Date First Employed _____ No Last Date Employed _____
 Current Wages/Salary \$ _____ (check one) hourly weekly biweekly semi-monthly
 Monthly yearly Other _____
 Average # regular hours per week _____
 Overtime Rate \$ _____ per hour Average # of overtime hours per week _____
 Shift Differential Rate \$ _____ per hour Average # of shift differential hours per week _____
 Commissions, tips, bonuses \$ _____ (check one) hourly weekly biweekly semi-monthly
 Monthly yearly Other _____
 List any anticipated change in the employee's rate of pay within next 12 months _____ Effective Date _____
 If the employee's work is seasonal or sporadic, please indicate layoff period(s) _____
 Additional Remarks _____

I hereby certify that the information supplied in this section is true and complete.

Signature _____ Completion Date _____
 Printed Name _____ Title _____
 Firm Name _____ Telephone _____

E. Unemployment Affidavit

UNEMPLOYED AFFIDAVIT

DATE: _____ APPLICANT/RESIDENT: _____
APT #: _____ PROPERTY NAME: _____

CHECK ALL THAT APPLY:

- 1. I am currently unemployed
- 2. I have been unemployed for the past 12 months
My reason for non-employment (*Check all that apply*):
 Retired Disabled Full-time student
 Other: (*please explain*) _____

- 3. I **do not** intend to seek employment within the next 12-months.
- 4. I am currently seeking employment, and I anticipate earning a gross income of:
\$ _____ (**Gross anticipated annual income amount**)*

Anticipated income amount must be included in gross income only if re-employment is anticipated after certification is executed AND a pre-employment verification is obtained/provided.

Under penalty of perjury, I certify that that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Resident

Date

PENALTIES FOR MISUSE: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. Government.

Vgt,NTINV,

G. Child Support Declaration

**Sworn Declaration of Child Support
Addendum to Application**

Applicant/Resident Name _____
 Development Name _____

Unit Number/Identification _____

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions have been taken to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A. Do you receive child support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to B	Go to C.1
B. I receive:		
1. Payment amount	\$ _____	
2. Frequency	_____	
3. Children's names	_____	
4. Name of source	_____	
	<i>Complete multiple declaration forms if there are multiple sources.</i>	
5. Go to C.1		
C. 1. Have you been awarded child support by court order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to C.2	Sign Form
2. Provide copy of entire document, enter amount of award		
\$ _____, and frequency _____; go to C.3.		
3. Is payment being received as awarded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to 3.a	Go to 3.b
a. Indicate the manner by which payment is received and sign form.		
i. _____ Enforcement agency	Name agency _____ and provide agency print out	
ii. _____ Court of Law	Name court _____	
iii. _____ Direct from responsible party	Name source _____ and provide declaration or statement from the source.	
iv. _____ Other (Explain)	_____	
b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.		

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. 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 a lease agreement.		
Applicant/Resident Signature	Date	

that the information presented in this declaration is true and accurate to the best of my knowledge. 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 a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

G. Child Support Declaration

Sworn Declaration of Child Support Addendum to Application

Applicant/Resident Name _____

Development Name _____

Unit Number/Identification _____

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions have been taken to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A. Do you receive child support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to B	Go to C.1
B. I receive:		
1. Payment amount	\$ _____	
2. Frequency	_____	
3. Children's names	_____	
4. Name of source	_____	
	<i>Complete multiple declaration forms if there are multiple sources.</i>	
5. Go to C.1		
C. 1. Have you been awarded child support by court order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to C.2	Sign Form
2. Provide copy of entire document, enter amount of award		
\$ _____, and frequency _____; go to C.3.		
3. Is payment being received as awarded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Go to 3.a	Go to 3.b
a. Indicate the manner by which payment is received and sign form.		
i. _____ Enforcement agency	Name agency _____ and provide agency print out	
ii. _____ Court of Law	Name court _____	
iii. _____ Direct from responsible party	Name source _____ and provide declaration or statement from the source.	
iv. _____ Other (Explain)	_____	
b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.		

<p><small>Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. 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 a lease agreement.</small></p>		
Applicant/Resident Signature	Date	

H. Radon Gas Disclosure Statement

Name of Project:

Resident(s):

Address:

Unit Number:

Beginning Date
of Lease:

This disclosure is required by Florida Statutes 404.056(8):

RADON GAS: Radon is a naturally occurring radioactive gas that, when it is accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county public health unit.

By executing below, I/We acknowledge receipt and understanding of the foregoing disclosure statement.

Signature

Printed Name

Date

Signature

Printed Name

Date

Signature

Printed Name

Date

Signature

Printed Name

Date

I. Income Certification

Tenant Income Certification

1

FLORIDA HOUSING FINANCE CORPORATION						Enter Full Date (mm/dd/yyyy)	
TENANT INCOME CERTIFICATION						Effective Date: _____	
<input type="checkbox"/> Initial Certification		<input type="checkbox"/> Recertification		<input type="checkbox"/> Other		Move-in Date: _____	
<i>Indicates Type</i>							
PART I - DEVELOPMENT DATA							
Key Number _____		Development _____			County _____		
Unit ID: _____		BIN # _____		Address _____		City _____	
PART II - HOUSEHOLD COMPOSITION							
HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)	Age as of Effective Date	Full Time Student (Y or N)	
1			H - Head				
2							
3							
4							
5							
6							
7							
8							
9							
PART III - GROSS ANNUAL ANTICIPATED HOUSEHOLD INCOME (USE ANNUALIZED AMOUNTS)							
HH Mbr #	(A) Employment or Wages	(B) Social Security/ Pensions	(C) Public Assistance	(D) Other Income	If Other, Indicate Type		
Calculate sum of (A) through (D), above						(E) TOTAL ANTICIPATED INCOME: \$ _____ -	
PART IV - CASH VALUE OF ASSETS AND ANNUALIZED ANTICIPATED HOUSEHOLD INCOME FROM ASSETS							
HH Mbr #	(F) C / I	(G) Checking	(H) Savings	(I) CD	(J) Other	If Other, Indicate Type (K) Asset Income	
(L) TOTAL CASH VALUE: Calculate sum of (G) through (J) above:						\$ _____ -	
(M) Total Anticipated Actual Asset Income:						\$ _____ -	
(N) Enter Item (L) amount if total exceeds \$5,000:		\$ _____ - X		Passbook Rate	0.06%	(O) Imputed Income: \$ _____ -	
(P) TOTAL INCOME FROM ASSETS: Enter the greater of item (M) or item (O)						\$ _____ -	
PART V - (Q) TOTAL HOUSEHOLD INCOME FROM ALL SOURCES - Add (E) + (P)						\$ _____ -	
HOUSEHOLD CERTIFICATION AND SIGNATURES							
<p>The information on the 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 gross 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.</p> <p>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.</p>							
Signature _____		(Date) _____		Signature _____		(Date) _____	
Signature _____		(Date) _____		Signature _____		(Date) _____	

PART VI - STUDENT STATUS																																	
Is every household member a full-time student? <i>(refer to Part II)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter Student Explanation number _____	Student Explanation 1 TANF assistance 2 Job training program 3 Single parent / dependent child 4 Married / joint return 5 Former foster child in transition to independence																																
PART VII - PROGRAM NAME	PART VIII - DETERMINATION OF INCOME ELIGIBILITY																																
Indicate AMI category served by household for <u>set-aside requirement of each Florida Housing program</u> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">AMI Category</th> <th style="width: 20%; text-align: center;">CAP **</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td>MMRB</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____</td> <td>** Upon recertification the household exceeded the income cap according to program(s) eligibility requirements.</td> </tr> <tr> <td>SAIL</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Housing Credit</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>HOME</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>AHL</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>HUD Risk Sharing</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>SHIP</td> <td style="text-align: center;">_____ %</td> <td style="text-align: center;">_____</td> <td></td> </tr> </tbody> </table>		AMI Category	CAP **		MMRB	_____ %	_____	** Upon recertification the household exceeded the income cap according to program(s) eligibility requirements.	SAIL	_____ %	_____		Housing Credit	_____ %	_____		HOME	_____ %	_____		AHL	_____ %	_____		HUD Risk Sharing	_____ %	_____		SHIP	_____ %	_____		Current total household income \$ _____ <i>(refer to Part V)</i> Most restrictive AMI category met by household <i>(refer to Part VII)</i> _____ AMI % Current Income Limit \$ _____ Recertification only Household size at move in _____ Total household income at move in \$ _____ Current Income Limit x 140% \$ _____ Household income exceeds 140% at Recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
	AMI Category	CAP **																															
MMRB	_____ %	_____	** Upon recertification the household exceeded the income cap according to program(s) eligibility requirements.																														
SAIL	_____ %	_____																															
Housing Credit	_____ %	_____																															
HOME	_____ %	_____																															
AHL	_____ %	_____																															
HUD Risk Sharing	_____ %	_____																															
SHIP	_____ %	_____																															
PART IX - RENT																																	
Rental Assistance \$ _____ If Section 8, indicate assistance type: Tenant Based _____ Project Based _____ Utility Reimbursement \$ _____ Tenant-Paid Rent (include non-optional charges) \$ _____ Utility Allowance \$ _____ TOTAL TENANT PAYMENT <i>(Tenant paid rent plus utility allowance)</i> \$ _____	Unit meets ELI / Housing Credit / HUD Risk Sharing rent restriction at AMI Category _____ % Unit meets HOME Program rent restriction at _____ Number of bedrooms in this unit _____ Current rent limit for this unit \$ _____ <i>(Refer to applicable schedule of maximum allowable rents)</i> Rent Concession - throughout current lease Total Amount \$ _____ Lease Term _____ <i>(in months)</i>																																
PART X - CATEGORICAL OR PUBLIC PURPOSE SET ASIDE OR TARGETING																																	
Requirement Types (Select ALL that apply to this household)																																	
<input type="checkbox"/> Commercial fishing worker <input type="checkbox"/> Farmworker <input type="checkbox"/> Rental Assistance (MMRB only)	<input type="checkbox"/> Elderly <input type="checkbox"/> Homeless <input type="checkbox"/> Special Needs																																
<input type="checkbox"/> Essential Services Personnel <input type="checkbox"/> Family (SAIL only) <input type="checkbox"/> Prior substandard (MMRB only) <input type="checkbox"/> Number of BR's (MMRB only)																																	
SIGNATURE OF OWNER REPRESENTATIVE																																	

Based on the representations 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 the program(s) indicated in Part VII, and the Extended Use Agreement and/or Land Use Restriction Agreement (if applicable), to live in a unit in this Development.

Signature: _____ Date: _____
 Printed Name: _____
 Title: _____

J. Bond Program Report

Summary Page

HOUSING FINANCE AUTHORITY

7855 NW 12th Street, Suite 202
Doral, Florida 33126

[Reports submitted to hfacompliance@hfamiami.com](mailto:Reports%20submitted%20to%20hfacompliance@hfamiami.com)

BOND PROGRAM REPORT

PROPERTY INFORMATION

Property Name:
Street Address:
City, State, Zip Code:
Submitted by (Name, Title):
Telephone Number:
E-Mail Address:

PROGRAM REPORT SUMMARY

Month: _____ Year: _____ Date Prepared: _____

Occupancy Information is from the 1st day of _____ through the end of _____

OCCUPIED BY LOW : _____
OCCUPIED BY MIDDLE: _____
OCCUPIED BY MARKET: _____

Designate as "MR" on Report

CERTIFIED LOW VACANT: _____
CERTIFIED MIDDLE VACANT: _____
MARKET VACANT: _____
OTHER VACANT: _____

Designate as "V" on Report

Designate as "V" on Report

Designate as "MRV" on Report

Designate as "OV" on Report

List Occupied Exempt Unit(s):

NON-REVENUE (Occupied EM): _____

Unit #: _____

Bed Size: _____

**NOTE: If property is not 100% BOND List "EM" as MR Unit on Market Rate Tab.*

**Skip Exempt (EM) units on the report. If EM unit is Vac List units below:*

NON-REVENUE (Vacant EM): _____

Unit #: _____

Bed Size: _____

TOTAL UNITS: _____
TOTAL OCCUPIED UNITS: _____
TOTAL VACANT UNITS: _____
TOTAL % OCCUPIED: _____

**Includes ALL units in the Project.*

**Includes ALL OCCunits in the Project.*

**Includes ALL VACunits in the Project.*

J. Bond Program Report

LOW INCOME (Qualified at 80% or Lower)

MONTH: _____ YEAR: _____ PROPERTY: _____

#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-In Date (If Vac, use Move- Out Date)	Bed Size	#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-In Date (If Vac use Move-Out Date)	Bed Size
1					51				
2					52				
3					53				
4					54				
5					55				
6					56				
7					57				
8					58				
9					59				
10					60				
11					61				
12					62				
13					63				
14					64				
15					65				
16					66				
17					67				
18					68				
19					69				
20					70				
21					71				
22					72				
23					73				
24					74				
25					75				
26					76				
27					77				
28					78				
29					79				
30					80				
31					81				
32					82				
33					83				
34					84				
35					85				
36					86				
37					87				
38					88				
39					89				
40					90				
41					91				
42					92				
43					93				
44					94				
45					95				
46					96				
47					97				

J. Bond Program Report

LOW - MONTHLY ACTIVITY (List ALL Additions and Deletions)

MONTH: _____ YEAR: _____ PROPERTY: _____

LOW INCOME

DELETIONS				ADDITIONS			
#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-Out Date	#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-In Date
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			
13				13			
14				14			
15				15			
16				16			
17				17			
18				18			
19				19			
20				20			

J. Bond Program Report

MIDDLE INCOME

(Qualified at 150%; CAP @ LOW - ONLY If Set Aside is Required)

MONTH: _____ YEAR: _____ PROPERTY: _____

#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-In Date (If Vac, use Move-Out Date)	Bed Size	#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-In Date (If Vac use Move-Out Date)	Bed Size
1					51				
2					52				
3					53				
4					54				
5					55				
6					56				
7					57				
8					58				
9					59				
10					60				
11					61				
12					62				
13					63				
14					64				
15					65				
16					66				
17					67				
18					68				
19					69				
20					70				
21					71				
22					72				
23					73				
24					74				
25					75				
26					76				
27					77				
28					78				
29					79				
30					80				
31					81				
32					82				
33					83				
34					84				
35					85				
36					86				
37					87				
38					88				
39					89				
40					90				
41					91				
42					92				
43					93				
44					94				
45					95				
46					96				
47					97				

J. Bond Program Report

MIDDLE - MONTHLY ACTIVITY (List ALL Additions and Deletions)

MONTH: _____ YEAR: _____ PROPERTY: _____

DELETIONS				MIDDLE INCOME				ADDITIONS			
#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-Out Date	#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-In Date	#	Unit #	Head of Household Last Name (Add "Et Al" only for adult members with different last name)	Move-In Date
1				1							
2				2							
3				3							
4				4							
5				5							
6				6							
7				7							
8				8							
9				9							
10				10							
11				11							
12				12							
13				13							
14				14							
15				15							
16				16							
17				17							
18				18							
19				19							
20				20							

J. Bond Program Report

MARKET RATE (Unrestricted Units; Income exceeds 150%)

MONTH: _____ YEAR: _____ PROPERTY: _____

#	Unit #	MR/MRV (Enter MR if the units is occupied; Enter MRV if the unit is vacant)	Move-In Date	Bed Size	#	Unit #	MR/MRV (Enter MR if the units is occupied; Enter MRV if the unit is vacant)	Move-In Date	Bed Size
1					51				
2					52				
3					53				
4					54				
5					55				
6					56				
7					57				
8					58				
9					59				
10					60				
11					61				
12					62				
13					63				
14					64				
15					65				
16					66				
17					67				
18					68				
19					69				
20					70				
21					71				
22					72				
23					73				
24					74				
25					75				
26					76				
27					77				
28					78				
29					79				
30					80				
31					81				
32					82				
33					83				
34					84				
35					85				
36					86				
37					87				
38					88				
39					89				
40					90				
41					91				
42					92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				

J. Bond Program Report

MARKET RATE MONTHLY ACTIVITY (List ALL Additions and Deletions)

MONTH: _____ YEAR: _____ PROPERTY: _____

DELETIONS				MARKET / UNRESTRICTED INCOME				ADDITIONS			
#	Unit #	MR/MRV (Enter MR if the units is occupied; Enter MRV if the unit is vacant)	Move-Out Date	#	Unit #	MR/MRV (Enter MR if the units is occupied; Enter MRV if the unit is vacant)	Move-In Date	#	Unit #	MR/MRV (Enter MR if the units is occupied; Enter MRV if the unit is vacant)	Move-In Date
1				1				1			
2				2				2			
3				3				3			
4				4				4			
5				5				5			
6				6				6			
7				7				7			
8				8				8			
9				9				9			
10				10				10			
11				11				11			
12				12				12			
13				13				13			
14				14				14			
15				15				15			
16				16				16			
17				17				17			
18				18				18			
19				19				19			
20				20				20			

K. Income Limits - 2021

Median Income: \$61,000
Low Income Rent Cap: \$1,525

Family Size	50% of Median Income
1	\$31,650
2	\$36,200
3	\$40,700
4	\$45,200
5	\$48,850
6	\$52,450
7	\$56,050
8	\$59,700

Family Size	60% of Median Income
1	\$37,980
2	\$43,440
3	\$48,840
4	\$54,240
5	\$58,620
6	\$62,940
7	\$67,260
8	\$71,640

Family Size	80% of Median Income
1	\$50,640
2	\$57,920
3	\$65,120
4	\$72,320
5	\$78,160
6	\$83,920
7	\$89,680
8	\$95,520

Family Size	150% of Median Income
1	\$94,920
2	\$108,480
3	\$122,040
4	\$135,600
5	\$146,448
6	\$157,296
7	\$168,144
8	\$178,992

Note: The hold harmless provisions of IRC Section 142(d)(2)(E) mean that projects with at least one building placed in service on or before the end of the 45-day transition period for newly-released limits use whichever limits are greater, the current-year limits or the limits in use the preceding year.

K. Income Limits – 2020

Median Income: \$59,100
Low Income Rent Cap: \$1,477.50

Family Size	50% of Median Income
1	\$32,000
2	\$36,600
3	\$41,150
4	\$45,700
5	\$49,400
6	\$53,050
7	\$56,700
8	\$60,350

Family Size	60% of Median Income
1	\$38,400
2	\$43,920
3	\$49,380
4	\$54,840
5	\$59,280
6	\$63,660
7	\$68,040
8	\$72,420

Family Size	80% of Median Income
1	\$51,200
2	\$58,560
3	\$65,840
4	\$73,120
5	\$79,040
6	\$84,880
7	\$90,720
8	\$96,560

Family Size	150% of Median Income
1	\$95,970
2	\$109,680
3	\$123,390
4	\$137,100
5	\$148,068
6	\$159,036
7	\$170,004
8	\$180,972

Note: The hold harmless provisions of IRC Section 142(d)(2)(E) mean that projects with at least one building placed in service on or before the end of the 45-day transition period for newly-released limits use whichever limits are greater, the current-year limits or the limits in use the preceding year.

L. Certificate of Continuing Program Compliance

FORM OF CERTIFICATION OF CONTINUING PROGRAM COMPLIANCE

Witnesseth that on this _____ of _____, _____, the undersigned, having borrowed certain funds from the Housing Finance Authority of Miami-Dade County, Florida for the purpose of acquiring or constructing Apartments, does hereby certify that such multi-family rental housing project is in continuing compliance with the Land Use Restriction Agreement executed by the undersigned and filed in the official public records of Miami-Dade County, Florida (including the requirement that all units be and remain rental units), that an Income Certification has been submitted for each new tenant in such multi-family rental housing project since the filing of the last such certification and that the same are true and correct to the best of the undersigned's knowledge and belief.

At all times during the previous month, at least _____ of the residential units were occupied (or deemed occupied) by lower-Income Tenants. _____ of the residential units were occupied (or deemed occupied) by Middle-Income Tenants. No default has occurred under the Land Use Restriction Agreement, or, if a default has occurred, the nature of the default and the steps, if any, Owner has taken or proposes to take to correct such default are outlined on the Schedule attached hereto. As of the date of this Certificate, the following percentages of completed residential units in the Project are occupied by Lower-Income Tenants (as such term is defined in the Borrower Loan Agreement), Middle Tenants, Market Rate, Non-Revenue and Vacant/Other Vacant Units:

Occupancy as of the last day of _____, _____.

	NUMBER	PERCENTAGE
Lower-Income Occupied Units:		
Middle-Income Occupied Units:		
Market Occupied Units:		
Non-Revenue Occupied Units:		
Certified Vacant Units:		
Market Vacant Units:		
Non-Revenue Vacant Units:		
Other Vacant Units:		
TOTAL		0%

	Total Number of Units Per Bedroom	Number Occupied by LOW Income	Percentage Occupied
Efficiency:			
1 Bedroom:			
2 Bedroom:			
3 Bedroom:			
4 Bedroom:			
Total:	0	0	

_____, Owner or designee of _____ Apartments, on behalf of _____ Apartments, LTD., a Florida Limited Partnership:

Signature

Title

M. New Construction 10% / 50% CCPC

FORM OF CERTIFICATE CONCERNING COMMENCEMENT AND TERMINATION OF QUALIFIED PROJECT PERIOD

THIS CERTIFICATE is being executed pursuant to the provisions of the Land Use Restriction Agreement, dated as of _____, 20__ (the "Agreement"), among the Housing Finance Authority of Miami-Dade County (Florida) (the "Issuer"), _____ (the "Trustee") and _____ (the "Borrower"), in connection with the financing by the Issuer of the _____ (the "Project") in Miami-Dade County, Florida (the "County") located on real property described on Exhibit "A" hereto, through the issuance of the Issuer's \$_____ Multifamily Housing Revenue Bonds, Series 20__ (_____ Project) (the "Bonds").

The period for which the restrictions set forth in the Agreement are applicable to the Project is referred to as the "Qualified Project Period" and is defined in the Agreement as follows:

"Qualified Project Period" means the period beginning on the later of (i) the date the Bonds were issued or (ii) the first day on which at least 10% of the units in the Project were first occupied (which date shall be certified in writing by the Owner to the Issuer and the Trustee immediately following such date), and ending on the latest of (a) the date that is fifteen years after the date on which at least 50% of the units in the Project were first occupied (which date shall be certified in writing by the Owner to the Issuer and the Trustee immediately following such date); (b) the first date on which no tax-exempt private activity bond issued with respect to the Project is outstanding (as interpreted pursuant to the Code); and (c) the date on which any assistance provided with respect to the Project under Section 8 of the U.S. Housing Act of 1937 terminates. Upon 100% initial occupancy of the Project, the Owner shall submit [this Certificate] to the Issuer and the Trustee to evidence the foregoing."

To evidence the Qualified Project Period with respect to the Project, the Owner certified to the following:

1. The Bonds were issued on _____, 20__.
2. The date of acquisition of the Project was _____, 20__.

M. New Construction 10% / 50% CCPC (continued)

3. The maturity date of the Bonds with the longest maturity is _____.
4. The first day on which at least ten percent (10%) of the units in the Project were first occupied was _____, 20__.
5. The date on which at least fifty percent (50%) of the units in the Project were first occupied was _____, 20__.
6. The date of initial occupancy of any unit in the Project was _____, 20__.
7. No assistance was provided with respect to the Project under Section 8 of the United States Housing Act of 1937, as amended.

Prior to the recording of this Certificate in the land records of the County, the Owner has supplied the Issuer with documentation to establish the facts relating to the Project set forth in this Certificate, which documentation has been found satisfactory to all parties. Nothing in this Certificate is intended to modify the requirement that all units in the Project be rented as residential rental property for the term during which any of the Bonds are outstanding or any provision of the Agreement.

M. New Construction 10% / 50% CCPC (continued)

IN WITNESS WHEREOF, the Owner has caused this Certificate to be executed by its duly authorized representative, and the Issuer has caused this Certificate to be accepted by its duly authorized representative as of this ____ day of _____, _____.

_____, a Florida limited partnership

By: _____, a Florida limited Liability Company, its managing general partner

By: _____

Name: _____

Title: _____

STATE OF FLORIDA)

)SS:

COUNTY OF MIAMI-DADE)

I, _____, a Notary Public in and for the said County in the State aforesaid, do hereby certify that _____, known to me to be the same person whose name is subscribed to the foregoing instrument as _____ of _____, a Florida limited liability company, as managing general partner of _____, a Florida limited partnership (the "Owner"), appeared before me this day in person and acknowledged that they, being thereunto duly authorized, signed, sealed with the seal of said Owner, and delivered the said certificate of the Land Use Restriction Agreement as the free and voluntary act of said Owner and as their own free and voluntary acts, for the uses and purposes therein set forth.

GIVEN under my hand and notarial seal this ____ day of _____, 20__.

NOTARY PUBLIC, STATE OF
FLORIDA
(SEAL)

Personally Known ____

OR

Produced Identification ____

Type of Identification Produced _____

M. New Construction 10% / 50% CCPC (continued)

Acceptance by Issuer:

**HOUSING FINANCE AUTHORITY OF
MIAMI-DADE COUNTY (FLORIDA)**

ATTEST:

[Title]

[Title]

STATE OF FLORIDA)

)SS:

COUNTY OF MIAMI-DADE)

I, _____, a Notary Public in and for the said County in the State aforesaid, do hereby certify that _____ and _____, known to me to be the same persons whose names are subscribed to the foregoing instrument as [Title] and [Title], respectively, of the HOUSING FINANCE AUTHORITY OF MIAMI-DADE COUNTY (FLORIDA), appeared before me this day in person and acknowledged that they, being thereunto duly authorized, signed, sealed with the seal of said Authority, and delivered the said instrument as the free and voluntary act of said Authority and as their own free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and notarial seal this _____ day of _____, 20__.

NOTARY PUBLIC, STATE OF
FLORIDA

(SEAL)

Personally Known _____

OR

Produced Identification _____

Type of Identification Produced _____