

HOME AND HOUSING TRUST FUND ANNUAL HOUSEHOLD SELF-CERTIFICATION

(10/24)

This form may be used for HOME Investment Partnerships (HOME) and National Housing Trust Fund (HTF) households for the years in which they may self-certify their income. If a household member indicates they are a student, proceed with the student verification forms. For more information, consult the HUD Programs Ongoing Compliance Manual on NDHFA's website.

TENANT INFORMATION

Property Name		Unit Number or Address	
Date this Form is Completed		Effective Date of this Form	
Current Rent Charged for this Unit		Tenant Paid Rent	
Rental Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No		Type <input type="checkbox"/> Tenant <input type="checkbox"/> Project	
Current Utility Allowance for this Unit		Additional Non-Optional Fees	
Identify each member by name residing in the household (for unborn children, identify as "unborn child")	Date of Birth	Student	
1.		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> No	
2.		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> No	
3.		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> No	
4.		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> No	
5.		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> No	
6.		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> No	
7.		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> No	
Has this Household transferred during the past year from another unit within the building or complex <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Household transferred from another unit, identify the unit they transferred from			
Household's Self-Certified Income for the Next 12 Months		Is the income an increase or a decrease from the prior year? <input type="checkbox"/> Increase <input type="checkbox"/> Decrease	
Income Source(s) (check all that are applicable) <input type="checkbox"/> Any Wage <input type="checkbox"/> Pension <input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Welfare <input type="checkbox"/> Other			
Tenant's Signature		Tenant's Signature	
Manager's Signature		Date	

If this household satisfied a requirement of the LURA, please indicate.

☐ Homeless Unit ☐ Disabled ☐ Elderly

HOME Designation

☐ 50/LOW ☐ 60/HIGH ☐ 80/HIGH

HTF Unit

☐ Yes ☐ No