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| **Section A. Acknowledgements** | | | | | |
| Read this before you complete and sign this form HUD-50059  **Public Reporting Burden.** The reporting burden for this collection of information is estimated to average 38 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (25020204), Washington, DC 20503. HUD may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a currently valid OMB control number. The information is being collected by HUD to determine an a­pplicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide, including computer matching agreements with the Social Security Administration, the Department of Health and Human Services, and other agencies. Pursuant to 42 U.S.C. 3543(a), you must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.  **Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). HUD will disclose this information to other Federal and state entities for computer matching purposes and for other purposes as described in the Systems of Records Notice for the Tenant Rental Assistance Certification System (TRACS) – HUD/HOU-11 available at hud.gov/privacy.  **Tenant(s)' Certification -** I/We certify that the information in Sections C, D, and E of this form are true, complete, and accurate. I/We understand that I/we can be fined up to $10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.  **Owner's Certification -** I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.  **Warning to Owners and Tenants.** By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.  **False Claim Statement.** Warning: U.S. Code, Title 31, Section 3729, False Claims provides for a civil penalty plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. | | | | | |
| **Certification Summary from Page 2** | | | | | |
| Name of Project | | | Effective Date | Certification Type | Anticipated Voucher Date |
| Head of Household | | | Total Tenant Payment | Assistance Payment | Tenant Rent |
| Unit Number | | | Extenuating Circumstances Code | | |
| **Tenant Signatures** | | | | | |
| Head of Household | Date | Other Adult | | | Date |
| Spouse / Co-Head | Date | Other Adult | | | Date |
| Other Adult | Date | Other Adult | | | Date |
| Other Adult | Date | Other Adult | | | Date |
| Other Adult | Date | Other Adult | | | Date |
| Other Adult | Date | Other Adult | | | Date |
| Other Adult | Date | Other Adult | | | Date |
| **Owner/Agent Signature** | | | | | |
| Owner/Agent | | | | | Date |

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| **Section B. Summary Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Project Name  2. Subsidy Type  3. Secondary Subsidy Type  4. Property ID  5. Project Number  6. Contract Number  7. Project iMAX ID  8. Plan of Action Code  9. HUD-Owned Project?  10. Previous Housing Code  11. Displacement Status Code | | | | | | | | | | 12. Effective Date  13. Anticipated Voucher Date  14. Next Recertification Date  15. Project Move-In Date  16. Certification Type  17. Action Processed  18. Correction Type  19. EIV Indicator  20. Prev. Subsidy Type  21. RAD Conversion Tenant  22. RAD Phase-in Schedule  23. RAD Phase-in Year  24. RAD Prior TTP  25. TTP at RAD Conversion | | | | | | | | | 26. Unit Number  27. Unit Group  28. No. of Bedrooms  29. Building ID  30. Unit Transfer Code  31. Previous Unit No.  32. Security Deposit  33. 236 Basic/BMIR Rent  34. Market Rent  35. Contract Rent  36. Utility Allowance  37. Gross Rent  38. Fixed Income Family? | | | | | | |
| **Section C. Household Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39. Mbr. No. | 40. Last Name | 41. First Name | | 42. MI | | 43. Rel. | 44. Sex | 45. Race/Eth. | | | 46. Birth Date | | 47. Special Status | | 48. Stdnt. Stat. | 49. ID Code (SSN) | | 50. SSN Excp | 51. Ctzn Code | 52. Alien Reg. Number | 53. Age | | 54. Work  Codes | | |
| 01 02 03 04 05 06 07 08 |  |  | |  | |  |  |  | | |  | |  | |  |  | |  |  |  |  | |  | | |
| 55. Family has Mobility Disability?  56. Family has Hearing Disability?  57. Family has Visual Disability? | | | | | | | | | | | | 58. Number of Family Members  59. Number of Non-Family Members  60. Number of Dependents  61. Number of Eligible Members | | | | | | | | 62. Expected Family Addition - Adoption  63. Expected Family Addition - Pregnancy  64. Expected Family Addition - Foster Child/Adult | | | | | |
| 65. Previous Head Last Name 68. Active Full Cert. Effective Date  66. Previous Head First Name 69. Previous Head ID  67. Previous Head Middle Initial 70. Previous Head Birth Date | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section D. Income Information** | | | | | | | | | | | | |  |  | | |  | | **Section E. Asset Information** | | | | | | |
| 71. Mbr.  No. | 72. Income Type Code | | 73. Verification Type | | 74. Amount | | | | 75. SSN Benefits Claim No. | | | | 81. Mbr.No. | 82. Descrip-tion | | | 83. Verification Type | | 84. Included in Net Family Assets? | | 85. Status | 86. Cash Value | 87. Asset Income | 88. Actual/Imputed Income | 89. Date Divest-ed |
|  |  | |  | |  | | | |  | | | |  |  | | |  | |  | |  |  |  |  |  |
| 76. Total Employment Income  77. Total Pension Income  78. Total Public Assistance Income  79. Total Other Income  80. Total Non-Asset Income | | | | | | | | | | | | | | | | | 90. Own Real Property?  91. Real Property Exemption?  92. Total Non-Enforcement of Asset Limit?  93. Limited Enforcement of Asset Limit?  94. Asset Limit Exception?  95. Meets Asset Limit Exception?  96. Total Cash Value of Net Family Assets  97. Actual Income from Net Family Assets  98. HUD Passbook Rate  99. Imputed Income from Net Family Assets  100. Total Asset Income | | | | | | | | |

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| **Section F. Allowances & Rent Calculations** | | |
| 101. Total Annual Income  102. Low Income Limit  103. Very Low Income Limit  104. Extremely Low Income Limit  105. Current Income Status  106. Eligibility Universe Code  107. Sec. 8 Assist 1984 Indicator  108. Income Exception Code  109. Police / Security Tenant?  110. Survivor of Qualifier?  111. Household Citizenship Eligibility | 112. Deduction for Dependents  113. Child Care Expense (work)  114. Child Care Expense (school)  115. Child Care Expense Hardship  116.% of Income (Medical/Disability Expense Deduction)  117. % of Income Amount (Medical/Disability Expense Deduction)  118. Disability Expense  119. Disability Deduction  120. Health and Medical Care Expense  121. Health and Medical Care Expense Deduction  122. 5% of Income (Medical/Disability General Hardship)  123. General Hardship Deduction – Disability Expense  124. General Hardship Deduction – Health & Medical Care Expense  125. Elderly/Disabled Family Deduction  126. Total Deductions  127. Adjusted Annual Income | 128. Total Tenant Payment  129. TTP Before Override  130. Tenant Rent  131. Utility Reimbursement  132. Assistance Payment  133. Welfare Rent  134. Rent Override  135. Rent Hardship Exemption  136. Waiver Type Code  137. Eligibility Check Not Required?  138. Extenuating Circumstances Code |

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| Name of Project  Head of Household | | | | | | | | | | | | | | | Unit Number | | | | | | Effective Date | | | | | Certification Type | | |
| Head of Household | | | | | | | | | | | | | | | Total Tenant Payment | | | | | | Assistance Payment | | | | | Tenant Rent | | |
| **Continuation Page: Use only when household members, income or asset items exceed the space allowed on page 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section C. Household Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39.  Member Number | 40.  Last Name | | 41.  First Name | 42.  MI | | 43.  Rel. | 44.  Sex | 45.  Race/Ethnicity | | 46.  RE Detail. . | 47.  Birth  Date | | 48.  Special  Status | | 49.  Student  Status | 59.  ID Code  (SSN) | | 51.  SSN  Exception | | 52.  Ctzn.  Code | | 53.  Alien Reg.  Number | | 54.  Age | | | 55.  Work  Codes | |
|  |  | |  |  | |  |  |  | |  |  | |  | |  |  | |  | |  | |  | |  | | |  | |
| **Section D. Income Information** | | | | | | | | | | | | **Section E. Asset Information** | | | | | | | | | | | | | | | | |
| 71. Member Number | 72. Income Type Code | 73. Verification Type | | | 74. Amount | | | | 75. SSN Benefits Claim No. | | | 81. Member Number | | 82. Description | | | 83. Verification Type | | 84. Included in Net Family Assets? | | 85. Status | | 86. Cash Value | | 87. Asset Income | | 88. Actual/Imputed Income | 89. Date Divested |
|  |  |  | | |  | | | |  | | |  | |  | | |  | |  | |  | |  | |  | |  |  |