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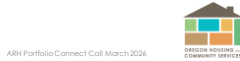
Housing Opportunity Through Modernization Act - 2016 HOTMA

HUD Objective

Goal to simplify and standardize verification and documentation procedures across all HUD programs.

HUD HOTMA Timeline

- 2016 – July 29th Enacted
- 2023 – February 14th Published in the Federal Register
- 2023 – September 29th Published Implementation Guidance, which supersedes the HUD Handbook 4350.3 used for determining eligibility



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U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
Office of Housing
Office of Public and Indian Housing

<p>Special Attention of:</p> <ul style="list-style-type: none"> • Multifamily Asset Management Division Directors • Multifamily Contract Administrators • Multifamily Project Owners • Multifamily Regional Center Directors • Public Housing Agencies • Public Housing Hub Office Directors • Public Housing Program Center Directors • Regional Directors • Field Office Directors • Resident Management Corporations 	<p>Notice H 2023-10 ←</p> <p>Notice PIH 2023-27</p> <p>Issued: 09/29/2023</p> <p>Expires: This Notice remains in effect until amended, superseded, or rescinded.</p> <p>Cross References:</p> <p>Regulations: 24 CFR Parts 5, 882, 891, 960, 966, 982</p> <p>Office of Housing Notices: H 2020-06; H 2019-06; H 2016-01; H 2015-12</p> <p>Office of Public and Indian Housing Notices: PIH 2019-09; PIH 2017-05 (HA); PIH 2016-05; PIH 2015-21; PIH 2013-04 (HA); PIH 2012-29; PIH 2012-03; PIH 2012-1 (HA)</p>
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Implementation Guidance: Sections 102 and 104 of the Housing Opportunity Through Modernization Act of 2016 (HOTMA)

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If you're confused about HOTMA effective dates, that's understandable.

HOTMA Effective Date – January 1, 2024

- 2024 – February 5th HUD updated the Implementation Guidance
- 2024 – August 28th HUD Announces Adjustment Factors
- 2024 – **Implementation extension to January 1, 2025**, then on September 20th HUD announces a six-month **Implementation extension to July 1, 2025**
- 2026 – **New implementation (HUD) Date: January 1, 2026**
- 2027 – **New...New implementation (HUD) Date:**
 - **January 1, 2027**



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Technical Advisory: HOTMA Implementation

These are the first updated forms to support the new HOTMA requirements with more to come. Several forms are based on Best Practice Model Forms provided by the National Council of State Housing Agencies (NCSHA). All forms are being updated with streamlined naming conventions (“form numbers”) that will include form creation and revision dates within the footer of each document. The naming conventions will also indicate when a form is OHCS-mandated (CM) and when a form is OHCS-recommended (CR) as follows:

- CM: Compliance **M**andatory
- CR: Compliance **R**ecommended

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These forms must be fully implemented by February 1, 2025. This deadline should give property owners, management agents, and consultants enough time to notify staff about the changes and for compliance software companies to update their systems.

As a reminder, OHCS intends to implement HOTMA within our compliance monitoring functions effective January 1, 2025, with findings discovered that are specific to HOTMA will be documented as “observations” from January 1 to June 30, 2025. Starting July 1, 2025, OHCS staff will start recording issues as “findings” and will take appropriate action to enforce accountability.

Please contact OHCS’ Portfolio Section at ARH.Portfolio@hcs.oregon.gov with any questions.



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Methods of Verification

Owner/Agents must follow HUD's verification hierarchy (see HUD Notice H 2023-10 / PIH 2023-7) which lists verification documentation from most acceptable to least acceptable.

Level	Verification Technique	Ranking Order of Acceptability
5	Upfront Income Verification (UIV) using non-EIV system – e.g., The Work Number, web-based state benefit systems	Highest
4	Written third-party verification from the source provided by the tenant – e.g., paystubs, bank statements, benefit letters, etc.	High
3	Written, Third-Party Verification Form	Medium – use if applicant or tenant is unable to provided Level 4 documentation.
2	Oral, third-party verification	Medium
1	Self-Certification (not third-party)	Low – use as last resort if unable to obtain any third-party or if specifically permitted.

*Adapted from Table J2: Verification Hierarchy from HUD Notice H 2023-10 / PIH 2023-7.



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Acceptable source documents, as outlined in Table J2: Verification Hierarchy from HUD Notice H 2023-10 / PIH 2023-7 include and are described as follows:

1. Upfront Income Verification (Level 5)

The verification of income through an independent source that systematically and uniformly maintains income information in computerized form for a number of individuals.

2. Third-Party Tenant Web-based State Benefit Statement

An original or authentic Work Number, or Similar [redacted] etc. Such documentation may be in possession of the tenant (or applicant) and commonly referred to as tenant-provided documents.

These documents are considered third-party verification because they originated from a third-party source.

Examples of tenant-provided documentation that may be used includes but is not limited to the following: pay stubs, payroll summary report, employer notice/letter of hire/termination, SSA benefit letter, bank statements, child support payment stubs, welfare benefit letters and/or printouts, and unemployment monetary benefit notes.



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Note: HUD 4350.3, Rev. 1, Change 4, Chapter 5 refers to this type of verification as Upfront Income Verification (UIV).

When using tenant-provided information, the owner must consider the following:

- Is the document current? Circumstances may have changed since the document was created.
- Is the document complete?
- Is the document an unaltered original copy?

The following requirements apply to tenant-provided documents:

- Using Paystubs for Employment Verification:** If utilizing paystubs for employment verification, the owner agent must obtain the two most recent current, consecutive paystubs from the tenant/applicant.
- Using Bank Statements:** If utilizing bank statements, the owner agent must obtain the most recent statement to verify the current balance (if net assets exceed \$50,000, adjusted by inflation, and third-party asset verification is required).
- Using Tax Returns for Income Verification:** If utilizing tax returns as income verification, the owner agent must obtain a certified copy by completing IRS Form 4506 "Request for Copy of Tax Form."

Updating to allow for a certified copy from a tax preparer OR the IRS form 4506.



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The Owner/Agent must be able to reasonably project anticipated income for the next 12 months from the tenant-provided documents.

3. Third-Party Written Verification (Level 3)

OHCS does require that the O/A use particular forms for third-party verifications. These can be found on our website, in addition, recommended third-party verification forms are available to assist with the verification process. All requests for income verification must:

1. State the reason for the request;
2. Include a release statement signed and dated by the applicant (refer to the Forms Section for an example); and
3. Provide a section for the third-party source to disclose the requested information. The signature of the third-party source, their job title (if applicable), phone number and date must be included.

Owner/Agent must send and receive verification forms directly to/from the third-party, not through the applicant or tenant.



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4. Third-Party Oral Verification (Level 2)

When written verification is not possible prior to move-in, direct contact with the source will be acceptable to OHCS only as a last resort and must be followed by written verifications. The telephone or personal conversation should be documented in the applicant's tenant file to include all information that would be included in a written verification.

5. Self-Certification (Level 1)

As a last resort, the owner may accept a tenant's signed affidavit if third-party verification cannot be obtained. The O/A should try to refrain from using self-certifications, except where specifically allowed such as when net assets do not exceed \$50,000.

Verification of Excluded Income

For income sources where the entire amount qualifies to be excluded from annual income, the O/A is NOT required to verify the income using third-party verifications, document the tenant file as to why no verifications available for review and include the income on the TIC. An income source that is partially excluded, must be third-party verified and included on the TIC.



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Bank Statements & Other Examples

What can you use a bank statement to verify?

A bank statement should **not be used** to verify income. It can be used to verify assets. Bank statements collected should be current.

HOTMA Rule: The current balance is used to verify a checking account

- Pre-HOTMA, a six-month average balance is needed to verify a checking account.
- The current balance is used to verify a savings account.



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New Best Practice Forms Arrive



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2024 Model Compliance Forms Adopted

1. Owner Certification of Continuing Program Compliance
2. Tenant Income Certification (TIC) and TIC Instructions ★
3. Asset Self-Certification and Asset Self-Certification Worksheet ★
4. Certification of Zero Income
5. Affidavit of Student Financial Assistance ★
6. Student Status Verification
7. Student Self-Certification

Updated Applicant Tenant Income Questionnaire (CM.01) to support HOTMA updated Methods of Verification and calculation of income.



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Applicant / Tenant Certification Questionnaire

- Mandatory Form Form per Individual
- CM.01 Applicant / Tenant Income Questionnaire
 - Five (5) pages
- Now available in multiple languages



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APPLICANT / TENANT INCOME CERTIFICATION QUESTIONNAIRE

(Note: A separate questionnaire MUST be completed by each adult member of the household)



NAME: _____

This is an individual form

Property Name: _____

Initial Certification Recertification Addition of Household Member

RENTAL ASSISTANCE

	YES	NO		MONTHLY GROSS INCOME
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below Housing Authority Name: _____	Note: This is not counted as household income.
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I receive another form of federal or state rental assistance (not Section 8). If yes, list the housing authority or entity that provides the rental assistance below. Program Name: _____ Organization providing rental assistance: _____	Note: This is not counted as household income.

INCOME INFORMATION

Include all income sources, including unearned income of minors.

	YES	NO		MONTHLY GROSS INCOME
1.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed (list nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc.	(Use net income from business)

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INCOME INFORMATION

Include all income sources, including unearned income of minors.

	YES	NO		MONTHLY GROSS INCOME
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc. List types: 1) _____ \$ _____ 2) _____ \$ _____	(Use net income from business)
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have a job earned as _____ List the businesses and/or companies that pay you: Name of Employer: 1) _____ \$ _____ 2) _____ \$ _____ <input type="checkbox"/> Bonuses <input type="checkbox"/> Other Compensation	

All "YES" answers require supporting documentation in the file.

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	YES	NO		MONTHLY GROSS INCOME
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do not count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization. Name of Person Providing Contribution: 1) _____ \$ _____ 2) _____ \$ _____	
6.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits. My last day of employment: _____ \$ _____	
7.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, National Guard/Military benefits/income. \$ _____	
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I receive Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments. \$ _____	
9.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives unearned income from family members aged 17 or under (example: Social Security, Trust Fund disbursements). \$ _____	
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from lottery winnings. \$ _____	
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from lottery winnings. \$ _____	

Refer to new HOTMA Guidance

Applies when lottery winnings are NOT taken in a lump sum

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	YES	NO		CASH VALUE
34.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I received a federal tax refund or refundable tax credit in the past 12 months. Refer to new HOTMA Guidance	\$ _____ Amount Received
35.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc. Do not Refer to Asset Self-Certification only limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment If yes, list type below: 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____

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			personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment If yes, list type below: 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____
36.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	I am a Student: <input checked="" type="checkbox"/> Part-Time <input checked="" type="checkbox"/> Full-Time	Name of School: _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM 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 WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

Printed Name of Applicant/Tenant _____ Signature of Applicant/Tenant _____ Date _____

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Assets Redefined: Asset Self-Certification, and Asset Self-Certification Worksheet

- Low Income Housing Tax Credit (LIHTC) ★
- HOME Investment Partnerships Program (HOME) ★★
- National Housing Trust Fund (HTF) ★★
- Risk Share ★
- LIFT ★
- Permanent Supportive Housing (PSH) ★
- State Programs ★

Eligible Events:
➢ Move-Ins - all programs with the exception of HTF
➢ Years where Self-Certifications are allowed

Both HOME and HTF must verify assets during IDIS years



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ASSET SELF-CERTIFICATION



For households whose combined net assets do not exceed the applicable imputed income limitation. Complete only one form per household; include assets of children.

For the following asset types, include the current Cash Value of each asset held by any family asset earns. *Cash value is current market value minus cost to convert an asset to cash, such as outstanding loans, penalties for early withdrawal, etc.*

This is a household form

Applicant/Tenant Name: _____ Unit #: _____
Property Name: _____

PART I: ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)

True False Within _____ market value (FMV).
Asset #1: _____ loved: _____
Asset #2: _____ loved: _____

Compare with Applicant/Tenant Certification Questionnaire

PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT

Have you received a federal tax return or refundable federal tax credit in the last 12 months? Yes No
Amount of return/credit: \$8,000
[Refer to new HOTMA Guidance](#)

PERSONAL PROPERTY (NNPP)

True False I/we do not have any non-necessary personal property.

Type of Asset	(A) Cash Value*	(B) Annual Income	Type of Asset	(A) Cash Value*	(B) Annual Income
Cash on Hand	\$	N/AP	Cryptocurrency	\$	\$

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Cash on Hand	\$ 200	N/AP	Cryptocurrency	\$	\$
Pre-paid Debit Card (excluding cont. benefits)	\$ 900	N/AP	Pay Market/ CD	\$	\$
Checking/Savings	\$ 3,875	\$ 0	Mutuals	\$	\$
Checking/Savings	\$	\$	Investment Account	\$	\$
Savings	\$ 50,000	\$ 15	Bonds	\$	\$
Internet-based assets (Cash App, Venmo, PayPal, crowdfunding, etc.)	\$	\$	Other:	\$	\$
Whole Life Insurance	\$	\$		\$	\$

Non-Account Based
Possessions not generally held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork), and equipment/machinery that is not used to generate income for a business

Description	(A) Cash Value *
	\$
	\$
	\$
	\$

PART IV: REAL PROPERTY

True False I/we do not have any real property.

Description of Property	(C) Cash Value*	(D) Income
	\$	\$
	\$	\$

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Whole Life Insurance	\$	\$	Other:	\$	\$
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Non-Account Based
Possessions not generally held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork), and equipment/machinery that is not used to generate income for a business

Description	(A) Cash Value *
	\$
	\$
	\$
	\$

PART IV: REAL PROPERTY

True False I/we do not have any real property.

Description of Property	(C) Cash Value*	(D) Income
	\$	\$
	\$	\$

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our 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.

PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)

Yes No I/we do not have any non-necessary personal property.

Type of Asset	(A) Cash Value*	(B) Annual Income	Type of Asset	(A) Cash Value*	(B) Annual Income
Cash on Hand	\$	N/AP	Cryptocurrency	\$	\$

Column "A", Column "B", Column "C", and Column "D" are used in completing the Asset Self-Certification Worksheet. Note there are multiple Columns to refer to



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ASSET SELF-CERTIFICATION WORKSHEET



Household Name _____ Unit Number _____

This worksheet accompanies the Asset Self-Certification. Complete **either** Part I or Part II depending on the nature of the types of assets disclosed by the family on the Asset Self-Certification. When the total net family assets are less than or equal to the [applicable Imputed Income Limitation](#), then only the actual income as disclosed on the Asset Self-Certification is included on the Tenant Income Certification (TIC).

PART I: COMPLETE THIS SECTION IF THE FAMILY ONLY HAS NNPP AND NO REAL PROPERTY	
Determination of Total Net Family Assets	
(1)	Enter the total of all NNPP by adding the values in (A) \$
(2)	Enter the value of any NNPP disposed of for less than FMV \$
(3)	ADD lines (1) and (2) \$
(4)	Enter the amount of a federal tax return or refundable federal tax credit in the last 12 months \$
(5)	SUBTRACT line (4) from line (3) \$
(6)	Is the value in line (5) less than or equal to \$ <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, then proceed to Determination of Income from Assets	
If NO, the Asset Self Certification cannot be used, and each asset must be separately verified	
Determination of Income from Assets: Enter this amount on Part IVA, Line (F) of the TIC	
(7)	Enter the total by adding the values in (B) \$

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(7)	Enter the total by adding the values in (B) \$
PART II: COMPLETE THIS SECTION IF THE FAMILY HAS BOTH NNPP AND REAL PROPERTY	
Determination of Total Net Family Assets	
(1)	Enter the total of all NNPP by adding the values in (A) \$
(2)	Enter the value of any NNPP disposed of for less than FMV \$
(3)	ADD lines (1) and (2) \$
(4)	Enter the total of all Real Property by adding the values in (C) \$
(5)	Enter the value of any Real Property disposed of for less than FMV \$
(6)	ADD lines (4) and (5) \$
(7)	ADD lines (3)-Total NNPP and(6)-Total Real Property \$
(8)	Enter the amount of a federal tax return or refundable federal tax credit in the last 12 months \$
(9)	SUBTRACT line (8) from line (7) \$
(10)	Is the value in line (9) less than or equal to \$ <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, then proceed to Determination of Income from Assets	
If NO, the Asset Self Certification cannot be used, and each asset must be separately verified	
Determination of Income from Assets: Enter this amount from line (13) on Part IVA, Line (F) of the TIC	
(11)	Enter the total by adding the values in (B) \$
(12)	Enter the total by adding the values in (D) \$
(13)	ADD lines (11) and (12) \$

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TENANT INCOME CERTIFICATION										
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other*			Effective Date: _____ Move-In Date: _____ Initial LHTC Certification Date: _____							
<input type="checkbox"/> Unit Transfer from unit # _____			Refer to Instructions							
Property Name: _____		County: _____		BIN #: _____		Address: _____				
Unit Number: _____		# Bedrooms: _____								
PART II. HOUSEHOLD COMPOSITION										
HH Mbr #	Last Name	First Name	Middle Initial	Relationship to Head of Household	Race	Ethnicity	Disabled (Yes/No)	Date of Birth	Full Time Student (Yes/No)	Last 4 Digits of SSN
1										
2										
3										
4										
5										
6										
7										
PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)										
HH Mbr #	(A) Employment	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income						

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PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)				
HH Mbr #	(A) Employment	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	\$	\$	\$	\$
Total Income (E): \$				
PART IV. ASSETS				
PART IV(A). INCOME FROM ASSETS - LESS THAN OR EQUAL TO IMPUTED INCOME LIMITATION				
Refer to Asset Self-Certification Worksheet Part I If Real Property, and Federal tax returns/credits has been verified, LESS than or the Imputed Income Limitation ACTUAL INCOME earned from all Assets (F) \$15				
PART IV(B). INCOME FROM ASSETS - GREATER THAN IMPUTED INCOME LIMITATION				
Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as GREATER than the Imputed Income Limitation.				
HH Mbr #	(G) C/D	(H) NNPP / Real/ Tax Relief	(I) Cash Value of Asset	(J) Annual Income from Asset
None of the assets are listed on the TIC when less than the Imputed Income Limitation.				
Enter Total Income from all Assets (M) \$				
PART V. TOTAL HOUSEHOLD INCOME				

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Enter Total Income from all Assets (M) \$	
PART V. TOTAL HOUSEHOLD INCOME	
Total Annual Household Income from All Sources (Add (E) + (F) OR (E) + (M)) \$ Add (E) + (F)	
HOUSEHOLD CERTIFICATION & SIGNATURE(S)	
The information on this 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 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.	
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.	
Resident Signature _____	Signature Date _____
Resident Signature _____	Signature Date _____

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TENANT INCOME CERTIFICATION

Initial Certification
 Recertification
 Other*

Unit Transfer from unit #

Effective Date: _____
 Move-In Date: _____
 Initial LIHTC Certification Date: _____

[Refer to Instructions](#)
 OPMENT DATA
 Property Name: _____
 County: _____
 BIN #: _____
 Address: _____
 Unit Number: _____
 # Bedrooms: _____

PART II. HOUSEHOLD COMPOSITION										
HH Mbr #	Last Name	First Name	Middle Initial	Relationship to Head of Household	Race	Ethnicity	Disabled (Yes/No)	Date of Birth	Full Time Student (Yes/No)	Last 4 Digits of SSN
1										
2										
3										
4										
5										
6										
7										


PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)				
HH Mbr #	(A) Employment	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income

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PART III. GROSS ANNUAL INCOME (Use ANNUAL AMOUNTS)						
HH Mbr #	(A) Employment	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income		
TOTALS	\$	\$	\$	\$		
				Total Income (E): \$		
PART IV. ASSETS						
PART IV(A). INCOME FROM ASSETS - LESS THAN OR EQUAL TO IMPUTED INCOME LIMITATION						
Refer to Asset Self-Certification Worksheet Part II		Real Property, and Federal Tax Refunds/Credits has been verified as LESS than or the Imputed Income Limitation				
PART IV(B). INCOME FROM ASSETS - GREATER THAN IMPUTED INCOME LIMITATION						
Total net value from Non-necessary Personal Property (NNPP) and Real Property has been verified as GREATER than the Imputed Income Limitation.						
HH Mbr#	(G) Type of Asset	(H) C/D	(I) NNPP / Real/ Tax Relief	(J) Cash Value of Asset	(K) A/I	(L) Annual Income from Asset
All of the assets are listed on the TIC when they exceed the Imputed Income Limitation.						
Enter Total Income from all Assets (M) \$150						
PART V. TOTAL HOUSEHOLD INCOME						

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		Enter Total Income from all Assets (M) \$	
PART V. TOTAL HOUSEHOLD INCOME			
Total Annual Household Income from All Sources (Add (E) + (F) OR (E) + (M))			\$ Add (E) + (M)
HOUSEHOLD CERTIFICATION & SIGNATURE(S)			
<p>The information on this 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 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>			
Resident Signature	Signature Date	Resident Signature	Signature Date
Resident Signature	Signature Date	Resident Signature	Signature Date

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Student Status Financial Assistance Verification

New Guidance

HUD released updated guidance removing reference to households receiving Section 8 Rental Assistance.

All Student Financial Assistance will be calculated as described in HOTMA

Additional guidance was provided in HUD Notice...



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STUDENT STATUS / FINANCIAL ASSISTANCE VERIFICATION



THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following property:

Property Name: _____

I hereby grant disclosure of the information requested below from: _____

Name of Educational Institution: _____

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature: _____ Date: _____

Printed Name: _____ Student ID# _____

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below for calendar year _____

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

1. Is the above-named individual a current student at this educational institution? Yes No

2. Has the above-named individual been a student in any month in the calendar year? Yes No

3. Is the above-named individual enrolled as a student in any (future) month the calendar year? Yes No

IF YES to any of the above, please indicate this student's full-time (FT) or part-time (PT) status for each month of the calendar year: (Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.)

January FT PT N/A July FT PT N/A

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IF YES to any of the above, please indicate this student's full-time (FT) or part-time (PT) status for each month of the calendar year: (Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.)

January	<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	<input type="checkbox"/>	N/A	July	<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	<input type="checkbox"/>	N/A
February	<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	<input type="checkbox"/>	N/A	August	<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	<input type="checkbox"/>	N/A
March	<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	<input type="checkbox"/>	N/A	September	<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	<input type="checkbox"/>	N/A
April	<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	<input type="checkbox"/>	N/A	October	<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	<input type="checkbox"/>	N/A
May	<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	<input type="checkbox"/>	N/A	November	<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	<input type="checkbox"/>	N/A
June	<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	<input type="checkbox"/>	N/A	December	<input type="checkbox"/>	FT	<input type="checkbox"/>	PT	<input type="checkbox"/>	N/A

4. What is the cost of tuition and required fees per term? \$ _____

How many terms does the student attend? Yes No

5. **IF YES, complete the following:**

Source	Amount	Beginning Date	Ending Date
Amounts Received Under §479B HEA <input type="checkbox"/> N/AP	Refer to Affidavit of Student Financial Assistance		
Other (e.g. grants/scholarships) <input type="checkbox"/> N/AP			

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Email Address: _____ Phone: _____

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Affidavit of Student Financial Assistance

AFFIDAVIT OF STUDENT FINANCIAL ASSISTANCE



Applicant/Tenant Name: _____ Unit #: _____

Property Name: _____

You have disclosed that you are a student at an educational organization described in IRC §170(b)(1)(A)(ii) or are pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IRC §170(b)(1)(A)(ii) or of a state or political subdivision of a state.

For each of the following types of student financial assistance, please check Yes or No.

Note: If you are unsure about the type and/or amount financial assistance, check with the financial aid office at your school.

PART I. AMOUNTS RECEIVED UNDER SECTION 479B OF THE HIGHER EDUCATION ACT (HEA) OF 1965

Section 479B provides that certain types of student financial assistance are excluded in determining eligibility for benefits made available through federal, state, or local programs financed with federal funds. The types of financial assistance listed below are considered 479B student financial assistance programs; however, this list is not exhaustive. If a source is not listed, please identify as "Other":

Type	Period	Annual Amount

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PART I. AMOUNTS RECEIVED UNDER SECTION 479B OF THE HIGHER EDUCATION ACT (HEA) OF 1965			
Section 479B provides that certain types of student financial assistance are excluded in determining eligibility for benefits made available through federal, state, or local programs financed with federal funds. The types of financial assistance listed below are considered 479B student financial assistance programs; however, this list is not exhaustive. If a source is not listed, please identify as "Other".			
Type	Received		Annual Amount
1. Federal Pell Grants	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
2. Teach Grants	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
3. Federal Work Study Programs	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
4. Federal Perkins Loans	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
5. Student financial assistance received under the Bureau of Indian Education	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
6. Higher Education Tribal Grant	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
7. Tribally Controlled Colleges or Universities Grant Program	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
8. Employment training program under section 134 of the Workforce Innovation and Opportunity Act (WIOA)	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
9. Other amounts awarded under Section 479B	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
TOTAL			\$

PART II. AMOUNTS RECEIVED AS OTHER STUDENT FINANCIAL ASSISTANCE			
Other student financial assistance includes grants or scholarships (either need- or merit-based) received from the following sources:			
Type	Received		Annual Amount
1. The Federal government	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$

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PART II. AMOUNTS RECEIVED AS OTHER STUDENT FINANCIAL ASSISTANCE			
Other student financial assistance includes grants or scholarships (either need- or merit-based) received from the following sources:			
Type	Received		Annual Amount
1. The Federal government	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
2. A state (including U.S. territories), Tribe, or local government	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
3. A private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3)	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
4. A business entity (such as a corporation, general partnership, limited liability company, limited partnership, joint venture, business trust, public benefit corporation, or nonprofit entity)	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
5. An institution of higher education	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
6. Military Assistance (state or federal, e.g. G.I. Bill)	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
TOTAL			\$

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.



CM.07 (rev. 10.2024)

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Student Financial Assistance

Treatment of student financial assistance depends on whether a household is receiving Section 8 assistance (HCV, P DV, or PBRAL). To properly calculate student financial assistance, the owner agent must verify and calculate: (1) actual covered costs; (2) student financial assistance received under the Higher Education Act; and (3) other student financial assistance, as defined below.

1. Actual Covered Costs

Actual covered costs include tuition, books, supplies, equipment to support students with disabilities, room and board, and other fees required by an institution of higher education. If the student is not the head of the household, co-head, or spouse, actual covered costs also include the reasonable and actual costs of housing while attending the institution of higher education and not residing in an assisted unit.

2. Student Financial Assistance Received Under Section 479B of the Higher Education Act ("HEA Assistance")

HEA assistance includes Federal Pell Grants, Teach Grants, Federal work study programs, Federal Perkins Loans, student financial assistance received under the Bureau of Indian Education, Higher Education Tribal Grants, Tribally Controlled Colleges or Universities Grant Program, or employment training programs under Section 134 of the Workforce Innovation and Opportunity Act (WIOA).

3. Other Student Financial Assistance

Other student financial assistance includes grants or scholarships received from other sources than

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3. Other Student Financial Assistance

Other student financial assistance includes grants or scholarships received from such sources as the Federal government; a state, territory, Tribe, or local government; a private foundation registered as a 501(c)(3) nonprofit; a business entity such as a corporation, general partnership, LLC, LP, joint venture, business trust, public benefit corporation, or nonprofit; or; an institution of higher education.

Other student financial assistance does not include financial support provided in the form of a fee for services performed (e.g., a work study or teaching fellowship that is not excluded under Section 479 B of the HEA) or gifts from family or friends. Other student financial assistance may be paid directly to the student or to the educational institution on the student's behalf.

Determining Student Financial Assistance income for Households without Section 8 Assistance

The amount of student financial assistance to include as income is calculated as follows:

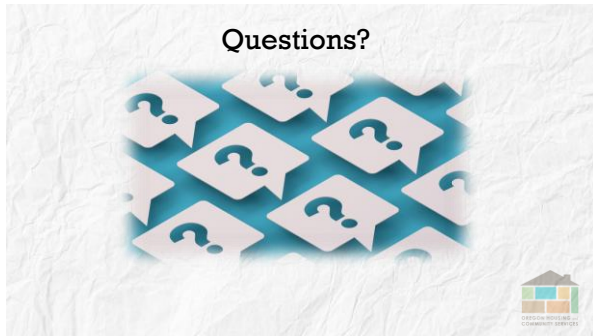
Step 1: Actual covered costs MINUS amount of HEA Assistance = amount of actual covered costs exceeding HEA assistance ("X")

- If "X" is negative, count the full amount of other student financial assistance as income
- Otherwise, proceed to Step 2

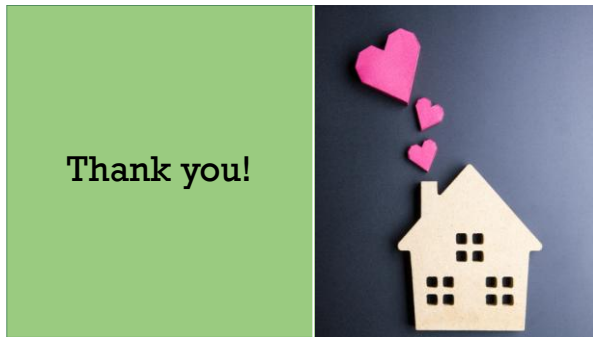
Step 2: Amount of other student financial assistance MINUS "X" = student financial assistance counted in income ("Y")

- If "Y" is negative, student financial assistance income = \$0

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Portfolio Connect Call

The Portfolio Connect Call aims to:

- Facilitate outreach with property owners and managers
- Share information about key topics and refer participants to trainings or existing information
- Provide a consistent and reliable forum for information from OHCS

Monthly, the second Tuesday, 3:00 pm to 4:pm