NEXT AVAILABLE UNIT: 80% VERIFICATION

Complete the information below to document the tenant file as evidence that the owner is complying with this requirement. The form should be included in the tenant file for each tenant whose income increases above the 80% amount allowable under this provision and also a copy should be included in the “next available unit” rented. The form must be available for review by governing agencies upon inspection of the units.

OVER INCOME UNIT

Tenant Name: _______________________________ Unit No. _______________________________

No. Persons in Household: _________________________ Unit Size (sq. ft.): ______________________

Date of Move-In: _______________________________ Move-In Income: _________________________

Date Recertified: _______________________________ Recertified Income: _______________________

Current Income Limit: $________________________ 60% of Limit: ____________________________

Date of Move-Out (if applicable): ___________________ Time of Move-Out: ______________________

Rent at Recertification $________________________ Rent after Recertification: ________________

Reason for Recertification: Annual __________________ Interim ______________________________

If interim, indicate reason: __________________________________________________________________

• NEXT UNIT LEASED

Identify the Next Available Unit rented in this building (whether market rate or low income) on or after the date of the above resident’s recertification at which time the income increased over 60%.

Tenant name: _______________________________ Unit No. _______________________________

No. Persons in Household: _________________________ Unit Size (sq. ft.): ______________________

Date of Move-In: _______________________________ Move-In Income: _________________________

Time of Move-In: _______________________________ Income Limit: ___________________________

OWNER’S CERTIFICATION:

The undersigned hereby certifies under penalty of perjury that the information contained herein is true and correct to the best of his/her knowledge.

PROJECT Name: ______________________________ Mixed Income? _____ 100% HOME_____ LIHTC/HOME____

Owner/Owner’s Agent: ________________________________________________________________

_____________________________________________ Date: _________________________________

Signature of Owner/Owner’s Agent

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