



ELIGIBILITY CERTIFICATION

Project Name: _____

Household Name: _____ Social Security Number: _____

Building _____ Unit #: _____ Household Size: _____

Effective Date: _____ Initial Recertification

HOUSEHOLD TOTAL GROSS ANNUAL VERIFIED INCOME

→ Income #1 \$ _____ → Income #2 \$ _____

→ Income #3 \$ _____ → Income #4 \$ _____

Income From Assets \$ _____ Total Household Income \$ _____

ELIGIBILITY DETERMINATION *(Refer to the WSHFC Income Limits)*

A. 80% of HUD median income adjusted for household size \$ _____

B. 60% of HUD median income adjusted for household size \$ _____

C. 50% of HUD median income adjusted for household size \$ _____

D. ____ % of HUD median income adjusted for household size \$ _____

MAXIMUM ALLOWABLE RENT *(Tax Credits Projects only)*

A. Maximum Allowable Rent *(Refer to WSHFC Rent Schedule)* \$ _____

B. Utility Allowance \$ _____

C. Resident Portion (amount resident actually pays) \$ _____

D. Total of B + C (cannot exceed A) \$ _____

HOUSEHOLD IS: *(Bond Projects Only)*

Qualified (Q)

Project Qualified (PQ)

Additionally Qualified (AQ)

Specially Qualified (SQ)

Prepared by (signature)

Print name

Date