

This template will be available on the Missouri Homepage under MFH Information Documents.

Form RD 3560-8  
(Rev. 04-06)

USDA—RURAL DEVELOPMENT  
**TENANT CERTIFICATION**

Form Approved  
OMB No. 0575-0189

1. The effective date of an initial or updated tenant certification form will always be the first day of the month. If tenant's move in date is after the 1st of the month the effective date will be the 1st of the next month.

1. Effective Date

M M D D Y Y  
| | | | | |

Note: Check box indicating type of action

- Initial Certification
- Recertification
- Modify Certification
- Cotenant to Tenant
- Assign/Remove RA
- Vacate a Unit
- Certification Expired & Eviction in Process
- Designate 60 Day Absence
- End 60 Day Absence
- Tenant Transfer

**PART I — PROJECT AND UNIT IDENTIFICATION**

2. Project Name	3. Borrower ID and Project Number	4. Unit Type	5. Unit Number
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WARNING STATEMENT: Section 1001 of Title 18, United States Code provides: "Whoever, in any matter within the jurisdiction of a... 2-5. Make sure the following information matches the project worksheet. ... falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."

**PART II — TENANT HOUSEHOLD INFORMATION**

6. Tenant Subsidy Code (enter code)
- 0 — No Deep Tenant Subsidy
  - 1 — Rental Assistance (RA)
  - 2 — Project Based Section 8
  - 4 — Other Public RA
  - 5 — Private RA
  - 6 — HUD Voucher
  - 7 — Other Types at Basic Rent

[ ]

STATEMENT REQUIRED BY THE PRIVACY ACT: Title V of the Housing Act of 1949 authorizes RHS to collect the information... your eligibility or rejection. RHS will not deny eligibility if you refuse to disclose... determine eligibility for occupancy and to determine your tenant contribution for rent. However, the information collected may be released to appropriate Federal, State and Local Agencies, credit bureaus and servicing agents when relevant to civil, criminal or regulatory proceedings or to enforce regulations by manual or automated verification procedures.

Round all monetary figures up to the nearest dollar at .50 and above.

Other Subsidy Indicator (leave blank if none, P-Partial or F-Full) \_\_\_\_\_ Other Subsidy Amount (For Partial) \$ \_\_\_\_\_



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18a. Enter total annual income not monthly amount. And third party verifications must be obtained from the employer.

18b. Contact social security for percentage of annual increase.

18a-f. See Chap. 6 attach. 6-A for what is considered income.

15. Enter all net family assets even if less than \$5,000. (See Chapter 6, Att.D on what to include as a net family asset.)

17. Enter actual income received from assets. (See Chapter 6, Section 6.10 on calculating cash value of an asset.)

19a. \$480 per minor or full-time student. See chap. 6 sec. 2 for details.

19b. \$400 per elderly or disabled household

19c. If medical expenses are less than 3% of annual income (18f), enter zero. If expenses exceed the 3% rule enter only the amount over the 3%. (ie. Medical expense is 5,000, 3% of annual income is 2,000, you would enter 3,000)

**PART III—ASSET INCOME**

15. Net Family Assets (NOTE: If Line 15 is less than \$5,000, enter zero on Line 16.)  
 16. Imputed Income from Assets (Bank Passbook Savings Rate (\* ) x Line 15.)  
 17. Income from Assets

16. Passbook savings rate is 2%. See chap. 6 sec. 2.

**PART IV—INCOME CALCULATIONS**

18. Income

- a. Wages, Salaries, etc.
- b. Soc. Sec., Pensions, etc.
- c. Assistance
- d. Income Contributed by Assets  
*(Greater of Line 16 or Line 17)*
- e. Other
- f. Annual Income

\$					
\$					
\$					
\$					
\$					
\$					
\$					
\$					

19a-d. See chap. 6 attach. 6-C for allowable deduction

19. Adjustments to Income

- a. \$480 x total of Line 13
- b. \$400 if elderly status
- c. Medical exceeding 3% of Line 18f.  
*(If elderly, handicapped or disabled)*
- d. Child Care
- e. Total Adjustments

\$					
\$					
\$					
\$					
\$					
\$					
\$					
\$					

20. Adjusted Annual Income  
*(Line 18.f. minus Line 19.e.)*

g. Household Has Exempt Income

**PART V—INCOME LEVELS**

21. Number of Household Members


23. Date of Initial Project Entry

M	M	D	D	Y	Y

22. Current Eligibility Income Level *(Enter Code)*

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24. Eligibility Income Level at Initial Project Entry *(Enter Code)*

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**PART VI—CERTIFICATION BY TENANT**

I certify and acknowledge that if the Agency provides unauthorized assistance to the borrower/multi-family housing project owner for my benefit based on erroneous or fraudulent information provided by me on this tenant certification, I will reimburse the Agency for that unauthorized amount. If I do not, the Agency may use all remedies available to collect it, including those under the Debt Collection Act, to collect the debt directly from me.

a. Date:

M	M	D	D	Y	Y

b. Tenant Signature

c. Date:

M	M	D	D	Y	Y

d. Co-Tenant Signature

18g. Rural Development will not accept a tenant certification with zero income unless all income is specifically exempted. See chap. 6 attach. 6-A for exempted income.

Both Tenant and Co-tenant must sign and date.

22 & 24. VL = Very Low, L = Low, M = Moderate and A = Above Moderate income. Per Adjusted Income Limits HB-1-3550, Appendix 9.

23. Date tenant physically moved into apartment.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0100. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and collecting the data, and reviewing and editing the data collection.

Note: Be sure to complete this section.

27. If this is applicable it will be the amount the tenant household actually receives from the Public Assistance Agency for shelter.

**PART VII—PRELIMINARY CALCULATIONS**

25. Adjusted Monthly Income <i>(Line 20 ÷ 12)</i>	a. \$	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						x .30	= b. \$	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
26. Monthly Income <i>(Line 18.f ÷ 12)</i>	a. \$	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						x .10	= b. \$	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
27. Designated Monthly Welfare Shelter Payment \$ <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>															
28. Highest of Line 25.b., Line 26.b., or Line 27. <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>															
29. Gross Basic Rent															
a. Basic Rent	\$	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													
b. Utility Allowance	\$	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													
c. <i>(Line 29.a. + Line 29.b.)</i>	\$	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													
30. Gross Note Rate Rent															
a. Note Rate Rent	\$	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													
b. Utility Allowance	\$	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													
c. <i>(Line 30.a. + Line 30.b.)</i>	\$	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>													

29. Enter approved basic rent from the project worksheet

Note: If utilities are included in rent enter zero.

29. Enter approved note rent from the project worksheet

**PART VIII—DETERMINING GROSS TENANT CONTRIBUTION (GTC)**

Decision: *(check one)*

- A. If tenant *receives rental assistance (RA)* enter Line 28 on Line 31 below. If Line 28 exceeds Line 29.c., go to Decision B since this Tenant will not receive RA.
- B. If tenant *does not receive RA* and this project receives Plan II Interest Credit, enter the greater of Line 28 or Line 29.c. (but not to exceed Line 30.c.) on Line 31 below.
- C. If tenant *does not receive RA* and this project is a Plan I, Full Profit or Labor Housing project, complete Lines C.1. thru C.3. and enter Line C.3. on Line 31.

1. Enter Line 30.c.	\$	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
2. Add Plan I Surcharge (if any)	\$	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					
3. Total (enter on Line 31)	\$	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>					

Part VIII: Mark appropriate box



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**PART IX—DETERMINING NET TENANT CONTRIBUTION (NTC)**

31. GTC (From PART VIII)

32. Utility Allowance (Line 29.b. or Line 30.b.)

33. Final NTC (Line 31 minus Line 32)

(Amount Tenant pays Borrower for rent. If Line 33 is negative, Borrower pays the difference to Tenant for utilities.)

32. From project worksheet

Note: Be sure to complete this section. Based on what boxed is marked in Part VIII.

\$							
\$							
\$							

33. Line 31 minus line 32.

**PART X—CERTIFICATION BY BORROWER**

I certify that the information on this form has been verified as required by federal law and the tenant household

is eligible to live in the unit, or  has been granted ineligible occupancy by RHS.

a. Date Signed

M	M	D	D

b. Signature of Borrower or Borrower's Representative

Note: A tenant or co-tenant has to be disabled or elderly to live in an elderly complex.

Note: If household is income ineligible, a wavier from the area office must be obtained.



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