MaineHousing
MAINE STATE HOUSING AUTHORITY

TENANT INCOME CERTIFICATION
Rural & Island Programs

PART I – DEVELOPMENT DATA

☐ Initial Certification	Move-in Date: _____ (MM/DD/YYYY)	Applicable Rent Restriction: ☐ 60% AMI Rent ☐ 80% AMI Rent ☐ 120% AMI Rent ☐ Fair Market Rent
Hshold Income @ Move-in: _____ Hshold Size @ Move-in: _____	1. Project Name: _____	
3. Unit #:_____	4. # Bedrooms: _____ SF _____	

PART II – HOUSEHOLD COMPOSITION

Hshold Mbr #	Last Name	First Name Initial		Relationship to Head of Household			
1				HEAD			
2							
3							
4							
5							
6							
7							

PART III. ANNUAL INCOME (USE ANNUAL AMOUNTS)

Hshold Mbr. #	(A) Employment or Wages	(B) Social Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS	$	$	$	$

(E) TOTAL INCOME: (add totals from (A) through (D), above) $

TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: $

CURRENT MAXIMUM INCOME LIMIT PER FAMILY SIZE: $_____

Household Meets the unit Income Restriction at:

☐ 60% AMI ☐ 120% AMI
☐ 80% AMI ☐ Fair Market Rent

PART VI. RENT

Tenant Paid Rent $_____ Rental Assistance $_____ Other non-optional charges $_____

Utility Allowance: $_____ For: ☐ Heat ☐ H/W ☐ Lights ☐ Cooking ☐ Other _____

Source of UA: ☐ HUD ☐ Local PHA ☐ Other _____

GROSS RENT FOR UNIT: _____ MAXIMUM RENT LIMIT FOR UNIT: $_____

The undersigned hereby certify, under penalty of perjury, that the foregoing information is true, correct and complete.

TENANT:

[NAME OF TENANT]

By: _____

Print Name:_____

TENANT:

[NAME OF TENANT]

By: _____

Print Name:_____

PROPERTY MANAGER:

[NAME OF PROPERTY MANAGER IF DIFFERENT FROM OWNER]

By: _____

Print Name:_____

Title: _____