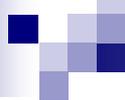


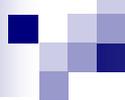
LIHTC Tenant-Level Data Collection

TRACS Industry Meeting
October 22, 2008



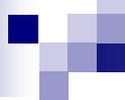
Overview

1. Statutory Requirement to Collect Data
2. Implementation of Data Collection
 - a) Regulation
 - b) Collection Instrument
 - c) OMB Clearance
3. Maintenance of Collected Data
4. Questions



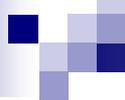
Data Collection Requirement

- Section 2002 of Housing and Economic Recovery Act (HERA) of 2008 requires HUD to collect the following data for LIHTC tenants:
 - Race
 - Ethnicity
 - Family Composition
 - Age
 - Income
 - Use of Section 8 (or similar) Rental Assistance
 - Disability Status
 - Monthly Rental Payment



Implementation

- HUD will need to:
 1. Promulgate a rule to implement the data collection;
 2. Clear survey through OMB;
 3. Design and construct data repository system for tenant-level and project-level information.



Data Collection Instrument

- Start with NCSHA Best Practices TIC.
 - Includes much of required data:
 - Family Composition; Age; Income; and Monthly Rental Payment.
- Add other requirements from HERA:
 - Race; ethnicity; disability status; cross-reference codes for other rental assistance.
- Projects report data to LIHTC-allocating agencies, agencies transmit to HUD.

NCSHA Best Practices TIC – p.1

TENANT INCOME CERTIFICATION						
<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Other _____			Effective Date: _____ Move-in Date: (MM/DD/YYYY) _____			
PART I - DEVELOPMENT 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	Date of Birth (MM/DD/YYYY)	F/T Student (Y or N)	Social Security or Alien Reg. No.
1						
2						
3						
4						
5						
6						
7						
PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)						
HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income		
TOTALS						
Add totals from (A) through (D), above				TOTAL INCOME (E): _____		
PART IV. INCOME FROM ASSETS						
Hshld Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Asset	(I) Annual Income from Asset		
TOTALS:						
Enter Column (H) Total		Passbook Rate		= (J) Imputed Income		
If over \$5000 _____ X 2.00%						
Enter the greater of the total of column I, or J: imputed income				TOTAL INCOME FROM ASSETS (K) _____		
(L) Total Annual Household Income from all Sources [Add (E) + (K)]				_____		
HOUSEHOLD CERTIFICATION & SIGNATURES						
<small>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.</small>						
<small>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.</small>						
Signature _____	(Date) _____	Signature _____	(Date) _____			
Signature _____	(Date) _____	Signature _____	(Date) _____			

Part I - Development Data

Part III – Annual Income

Part II – Household Composition

Part III – Income from Assets

NCSHA Best Practices TIC – p.2

PART V. DETERMINATION OF INCOME ELIGIBILITY		RECERTIFICATION ONLY:
TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: From item (L) on page 1	<input type="text"/>	Current Income Limit \approx 140%: Household Income exceeds 140% at recertification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Income Limit per Family Size: _____	Household Meets Income Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> _____%	
Household Income at Move-in: _____	Household Size at Move-in: _____	

Part V – Determination of Income Eligibility

PART VI. RENT	
Tenant Paid Rent _____ Utility Allowance _____	Rent Assistance: _____ Other non-optional charges: _____
GROSS RENT FOR UNIT: (Tenant paid rent plus Utility Allowance & other non-optional charges)	<input type="text"/>
Maximum Rent Limit for this unit: _____	Unit Meets Rent Restriction at: <input type="checkbox"/> 60% <input type="checkbox"/> 50% <input type="checkbox"/> 40% <input type="checkbox"/> 30% <input type="checkbox"/> _____%

Part VI – Rent

PART VII. STUDENT STATUS	
ARE ALL OCCUPANTS FULL TIME STUDENTS? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, Enter student explanation* (also attach documentation)
	*Student Explanation: 1 TANF assistance 2 Job Training Program 3 Single parent/dependent child 4 Married/joint return

Part VII – Student Status

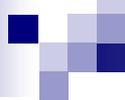
PART VIII. PROGRAM TYPE				
Mark the program(s) listed below (a. through e.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.				
a. Tax Credit <input type="checkbox"/>	b. HOME <input type="checkbox"/>	c. Tax Exempt <input type="checkbox"/>	d. AHDP <input type="checkbox"/>	e. _____ <input type="checkbox"/> (Name of Program)
See Part V above.	Income Status <input type="checkbox"/> \leq 50% AMGI <input type="checkbox"/> \leq 60% AMGI <input type="checkbox"/> \leq 80% AMGI <input type="checkbox"/> OI**	Income Status <input type="checkbox"/> \leq 50% AMGI <input type="checkbox"/> 60% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	Income Status <input type="checkbox"/> \leq 50% AMGI <input type="checkbox"/> 80% AMGI <input type="checkbox"/> OI**	Income Status <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> OI**
** Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.				

Part VIII – Program Type

SIGNATURE OF OWNER/REPRESENTATIVE

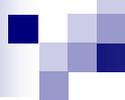
Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE _____ DATE _____



HUD Maintenance of Data

- HUD will house the data in a system similar to TRACS.
- The tenant and project data would be maintained in a parallel system.



Remaining Questions

1. Frequency of Reporting:
 - Statute requires reporting to Congress “not less than annually”.
 - Section 3010 of HERA states income certification not required for a project if no new tenants in non-income restricted units. (100% of units reserved for low-income tenants.)
2. Other Issues?