Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

For Personal Records ONLY
NOT for submission to the Federal Government

Record for Landlords
(Exp. xx/xx/xxxx)

Section A. Acknowledgements

Read this before you complete and sign this form HUD-50059.

Public Reporting Burden. The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, 451 7th St SW, Room 8210, Washington, DC 20410–5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. HUD collects this information to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide, including through a computer matching agreement with the Social Security Administration, the Department of Health and Human Services, and other agencies. Pursuant to 42 U.S.C. 3543(a), you must provide all of the information requested, including the Social Security Numbers (SSNs) for you and all other household members, unless exempted by 24 C.F.R. § 5.216. Providing the SSNs of all household members, unless exempted by 24 C.F.R. § 5.216, is mandatory; failure to provide any information may result in a delay or rejection of your eligibility.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98–181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98–479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). HUD will disclose this information to other Federal and state entities for computer matching purposes and for other purposes as described in the Systems of Records Notice for the Tenant Rental Assistance Certification System (TRACS) – HUD/HOU-11, available at hud.gov/privacy.

Tenant(s)' Certification. I/We certify that the information in Sections C, D, and E of this form are true, complete, and accurate. I/We understand that I/we can be fined up to $10,000, or imprisoned up to five years, or lose the assistance HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification. I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims provides for a civil penalty plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or caused to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

Certification Summary

Project Name	Effective Date	Certification Type	Anticipated Voucher Date
Head of Household	Total Tenant Payment	Assistance Payment	Tenant Rent
Unit Number			

Tenant Signatures

Head of Household	Date	Other Adult	Date
Spouse / Co-Head	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date

Owner/Agent Signature

Owner/Agent	Date

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Section B. Summary Information

1. Project Name	14.202D Rules Apply 15. Effective Date 16. Anticipated Voucher Date 17. Next Recertification Date 18. Project Move-In Date 19. Certification Type 20. IR Type 21. Correction Type 22. EIV Indicator	29. Unit Number 30. Unit Group 31. No. of Bedrooms 32. Building ID 33. Unit Transfer Code 34. Previous Unit No. 35. Security Deposit 36. 236 Basic/BMIR Rent 37. 236 BMIR/Market Rent 38. Contract Rent
2. Assistance Type 3. Assistance Sub-Type 4. Secondary Assistance Type 5. Property ID 6. Project Number 7. Contract Number 8. Project iMAX ID 9. Plan of Action Code 10. HUD-Owned Project? 11. Previous Housing Code 12. Displacement Status Code 13. Previous Assistance Type	23. RAD Phase-In Rules 24. RAD Conversion Tenant 25. RAD Phase-in Period 26. RAD Phase-in Start Date 27. RAD Prior TTP 28. TTP at RAD Conversion	39. Utility Allowance 40. Gross Rent 41. Fair Market Rent (FMR) 42. Other Program Rent 43. Fixed Income Family 44. Asset Limit Enforcement

Section C. Household Information

45. Mbr. No.	46. Last Name	47. First Name	48. MI	49. Rel. Code	50. Sex	51. Race	52. Birth Date	53. Special Status	54. Stdnt. Status	55. ID Code	56. SSN Excp	57. Ctzn Code	58. Immigration Numerator	59. Age	60. Work Codes
01															
02															
03															
04															
05															
06															
07															
08															

61. Household Member has Mobility Disability? 62. Household Member has Hearing Disability? 63. Household Member has Visual Disability?	64. Number of Family Members 65. Number of Non-Family Members 66. Number of Dependents 67. Number of Eligible Members	68. Expected Family Addition 69. Expected Household Addition

70. Previous Head Last Name 71. Previous Head First Name	72. Active Full Cert. Effective Date 73. Previous Head ID Code 74. Previous Head Birth Date

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Section D. Income Information

75. Mbr. No.	76. Income Type Code	77. Verification Type	78. Amount
01			
02			
03			
04			
05			
06			
07			
08			

79. Total Earned Income
80. Total Pension Income
81. Total Public Assistance Income
82. Total Other Income
83. Total Non-Asset Income

Section E. Asset Information

84. Mbr.No.	85. Description	**86. Asset Type**	87. Cash Value	88. Asset Income	89. Inc. Type	90. **Verification Type**	91. Status	92. Date Divested
01								
02								
03								
04								
05								
06								
07								
08								

Section E1: Asset Value

93. Cash Value of Assets
94. Total NNPP
95. NNPP Exclusion Limit
96. Federal tax refund/credit
97. Cash Value of Net Family Assets
98. Asset Cap
99. S8 Asset Exception

Section E2: Income from Assets

100. Actual Asset Income
101. Passbook Rate
102. Imputed Asset Income
103. Total Asset Income

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Section F. Allowances & Rent Calculations		
104. Total Annual Income	115. Dependent Deduction	126. Total Deductions
105. Low-Income Limit	116. Childcare (work)	127. Adjusted Annual Income
106. Very Low–Income Limit	117. Childcare (school)	128. Total Tenant Payment
107. Extremely Low–Income Limit	118. Childcare (Hardship)	129. Rent Override
108. Current Income Status	119. Expense Deduction % of Income	130. TTP Before Override
109. Eligibility Universe Code	120. Expense Deduction Amount	131. Tenant Rent
110. Sec. 8 Assist 1984 Indicator	121. ACAA Expenses	132. Utility Reimbursement
111. Income Exception Code	122. ACAA Deduction	133. Assistance Payment
112. Police / Security Tenant	123. Health/Medical Expenses	134. Welfare Rent
113. Survivor of Qualifier	124. Health/Medical Expense Deduction	135. Rent Hardship Exemption
114. Family Citizenship Eligibility	125. Elderly/Disabled Family Deduction	136. Eligibility Check Not Required
		137. Eligibility Waiver
		138. Extenuating Circumstances Code
		139. OA % change rounding
		140. OA adjusted income decrease %

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Project Name	Effective Date	Certification Type	Anticipated Voucher Date
Head of Household	Total Tenant Payment	Assistance Payment	Tenant Rent
Unit Number			

Continuation Page: Use only when household members, income or asset items exceed the space allowed on pages 2 and 3.

Section C. Household Information

45. Mbr. No.	46. Last Name	47. First Name	48. MI	49. Rel. Code	50. Sex	51. Race	52. Birth Date	53. Special Status	54. Stdnt. Status	55. ID Code	56. SSN Excp	57. Ctzn Code	58. Immigration Numerator	59. Age	60. Work Codes
01															
02															
03															
04															
05															
06															
07															
08															

Section D. Income Information

75. Mbr. No.	76. Income Type Code	77. Verification Type	78. Amount
01			
02			
03			
04			
05			
06			
07			
08			

Section E. Asset Information

84. Mbr.No.	85. Description	**86. Asset Type**	87. Cash Value	88. Asset Income	89. Inc. Type	90. **Verification Type**	91. Status	92. Date Divested
01								
02								
03								
04								
05								
06								
07								
08								

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Previous versions of this form are obsolete

form **HUD–50059**
ref. HB 4350.3 Rev. 1