

**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

NOT for submission to the Federal Government
Landlord's Official Record of Certification

OMB Approval Number 2502-0204
(Exp. 12/31/2007)

Section A. Acknowledgements

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

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes 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. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD 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. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested, including the Social Security Numbers (SSNs) you, and all other household family members age six (6) years and older, have and use. Giving the SSNs of all family members age six (6) years and older is mandatory; not providing the SSNs will affect your eligibility. Failure to provide any information may result in a delay or rejection of your eligibility approval.

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).

Tenant(s)' Certification - I/We certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy 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 a civil penalty of not less than \$5,000 and not more than \$10,000, 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 from Page 2

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

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
<input type="checkbox"/> Check this box if Tenant is unable to sign for a legitimate reason	Anticipated Voucher Date

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Section B. Summary Information

1. Project Name	13. Effective Date	25. Unit Number
2. Subsidy Type	14. Anticipated Voucher Date	26. No. of Bedrooms
3. Secondary Subsidy Type	15. Next Recertification Date	27. Building ID *Future
4. Property ID *Future	16. Project Move-In Date	28. Unit Transfer Code
5. Project Number	17. Unit Move-In Date *Future	29. Previous Unit No.
6. Contract Number	18. Certification Type	30. Security Deposit
7. TRACSMail ID	19. Action Processed	31. Market Rent
8. Plan of Action Code	20. Correction Type	32. Contract Rent
9. HUD-Owned Project?	21. Cert. Correction Date *Future	33. Utility Allowance
10. Region Code *Future	22. Prev. Subsidy Type	34. Gross Rent
11. Field Office Code *Future	23. Previous Housing Code	35. Conversion Date Code
12. FIPS County Code *Future	24. Displacement Status Code	36. Age 62 at Conversion Indicator
		37. Continuous Section 8 Indicator

Section C. Household Information

38. No.	39. Last Name	40. First Name	41. MI	42. Rel.	43. Sex	44. Race	45. Eth.	46. Birth Date	47. Special Status	48. ID Code (SSN)	49. Elig. Code	50. Alien Reg. Number	51. Age at Cert.	52. Work Codes
01						*Future	*F							
02														
03														
04														
05														
06														
07														
08														

53. Family is Mobility Impaired?	54. Family is Hearing Impaired?	55. Family is Visually Impaired?	56. Number of Family Members	57. Number of Non-Family Members	58. Number of Dependents	59. Number of Eligible Members	60. Expected Family Addition - Adoption	61. Expected Family Addition - Pregnancy	62. Expected Family Addition - Foster Children
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63. Previous Head Last Name	66. Previous Effective Date
64. Previous Head First Name	67. Previous Head ID
65. Previous Head Middle Initial	68. Previous Head Birth Date

Section D. Income Information

Section E. Asset Information

69. Mbr. No.	70. Income Type Code	71. Amount	72. SSN Benefits Claim No.	78. Mbr. No.	79. Description	80. Status	81. Cash Value	82. Actual Yearly Income	83. Date Divested
			*Future	*F					*Future

73. Total Employment Income	84. Cash Value of Assets
74. Total Pension Income	85. Actual Income from Assets
75. Total Public Assistance Income	86. HUD Passbook Rate
76. Total Other Income	87. Imputed Income from Assets
77. Total Non-Asset Income	88. Asset Income

Section F. Allowances & Rent Calculations

89. Total Annual Income	100. Allowance for Dependents	111. Total Tenant Payment
90. Lower Income Limit	101. Child Care Expense (work)	112. Tenant Rent
91. Very Low Income Limit	102. Child Care Expense (school)	113. Utility Reimbursement
92. Extremely Low Income Limit	103. 3% of Income	114. Assistance Payment
93. Current Income Status	104. Disability Expense	115. Welfare Rent
94. Eligibility Universe Code	105. Disability Allowance	116. HCDA percentage
95. Sec. 8 Assist. 1984 Indicator	106. Medical Expense	117. Percent Actually Charged
96. Income Exception Code	107. Medical Allowance	118. Hardship Exemption
97. Police / Security Tenant?	108. Elderly Household Allowance	119. Waiver Type Code *Future
98. Survivor of Qualifier?	109. Total Allowances	
99. Household Assistance Status	110. Adjusted Annual Income	

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