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| **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 CertificationOMB Approval No. 2502-0204(Exp. xx/xx/xxxx) |

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| **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 (25020204), Washington, DC 20503. HUD may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a currently valid OMB control number. 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. 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 computer matching agreements 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), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. 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). 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 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 | Effective Date | Certification Type | Anticipated Voucher Date |
| Head of Household | Total Tenant Payment | Assistance Payment | Tenant Rent |
| Unit Number | Extenuating Circumstances Code |
| **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 |

Previous versions of this form are obsolete. Page 1 of form **HUD-50059** (xx/xxxx)

ref. HB 4350.3 Rev. 1

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|  **Section B. Summary Information** |
|  1. Project Name2. Subsidy Type3. Secondary Subsidy Type4. Property ID5. Project Number6. Contract Number7. Project iMAX ID8. Plan of Action Code9. HUD-Owned Project? 10. Previous Housing Code 11. Displacement Status Code | 12. Effective Date13. Anticipated Voucher Date14. Next Recertification Date15. Project Move-In Date 16. Certification Type 17. Action Processed 18. Correction Type 19. EIV Indicator 20. Prev. Subsidy Type 21. RAD Conversion Tenant 22. RAD Phase-in Schedule 23. RAD Phase-in Year 24. RAD Prior TTP 25. TTP at RAD Conversion | 26. Unit Number27. Unit Group 28. No. of Bedrooms29. Building ID30. Unit Transfer Code31. Previous Unit No.32. Security Deposit33. 236 Basic/BMIR Rent34. Market Rent35. Contract Rent36. Utility Allowance37. Gross Rent38. Fixed Income Family?  |
|  **Section C. Household Information** |
| 39. Mbr. No. | 40. Last Name | 41.First Name | 42.MI | 43.Rel. | 44.Gender | 45.Race/Eth. | 46.BirthDate | 47. Special Status | 48.Stdnt.Stat. | 49.ID Code(SSN) | 50. SSN Excp | 51. Ctzn Code | 52. Alien Reg. Number | 53.Age  | 54.Work Codes |
| 01 02 03 04 05 06 07 08 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 55. Family has Mobility Disability?56. Family has Hearing Disability? 57. Family has Visual Disability? | 58. Number of Family Members59. Number of Non-Family Members60. Number of Dependents61. Number of Eligible Members | 62. Expected Family Addition - Adoption63. Expected Family Addition - Pregnancy64. Expected Family Addition - Foster Child/Adult |
| 65. Previous Head Last Name 68. Active Full Cert. Effective Date66. Previous Head First Name 69. Previous Head ID67. Previous Head Middle Initial 70. Previous Head Birth Date |
| **Section D. Income Information** |  |  |  | **Section E. Asset Information** |
| 71. Mbr.No. | 72.Income Type Code | 73. Verification Type | 74. Amount | 75.SSN BenefitsClaim No. | 81.Mbr.No. | 82.Description | 83.Verification Type | 84. Included in Net Family Assets? | 85. Status | 86.Cash Value |  87.AssetIncome | 88.Actual/Imputed Income | 89. Date Divested |
|   |   |  |   |   |   |   |  |  |   |   |   |  |   |
|  | 76. Total Employment Income77. Total Pension Income78. Total Public Assistance Income79. Total Other Income80. Total Non-Asset Income | 90. Own Real Property?91. Real Property Exemption?92. Total Non-Enforcement of Asset Limit?93. Limited Enforcement of Asset Limit?94. Asset Limit Exception?95. Meets Asset Limit Exception?96. Total Cash Value of Net Family Assets 97. Actual Income from Net Family Assets 98. HUD Passbook Rate99. Imputed Income from Net Family Assets 100. Total Asset Income |
|  |  **Section F. Allowances & Rent Calculations** |
|  | 101. Total Annual Income102. Low Income Limit103. Very Low Income Limit104. Extremely Low Income Limit105. Current Income Status106. Eligibility Universe Code107. Sec. 8 Assist 1984 Indicator108. Income Exception Code109. Police / Security Tenant?110. Survivor of Qualifier?111. Household Citizenship Eligibility | 112. Deduction for Dependents113. Child Care Expense (work)114. Child Care Expense (school)115. Child Care Expense Hardship116.% of Income (Medical/Disability Expense Deduction)117. % of Income Amount (Medical/Disability Expense Deduction)118. Disability Expense119. Disability Deduction120. Health and Medical Care Expense121. Health and Medical Care Expense Deduction122. 5% of Income (Medical/Disability General Hardship)123. General Hardship Deduction – Disability Expense124. General Hardship Deduction – Health & Medical Care Expense125. Elderly/Disabled Family Deduction126. Total Deductions127. Adjusted Annual Income | 128. Total Tenant Payment129. TTP Before Override130. Tenant Rent131. Utility Reimbursement132. Assistance Payment133. Welfare Rent134. Rent Override135. Rent Hardship Exemption136. Waiver Type Code137. Eligibility Check Not Required?138. Extenuating Circumstances Code |
|  | Previous versions of this form are obsolete. |  |  | Page 2 of |  | form HUD-50059 (xx/xxxx) ref. HB 4350.3 Rev .1 |

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| Name of ProjectHead of Household | Unit Number | Effective Date | Certification Type |
| Head of Household | Total Tenant Payment | Assistance Payment | Tenant Rent |
| **Continuation Page: Use only when household members, income or asset items exceed the space allowed on page 2** |
|  **Section C. Household Information** |
| 39. Member Number | 40. Last Name | 41. First Name | 42. MI  | 43. Rel. | 44. Gender | 45. Race  | 46. Eth.  | 47. Birth Date | 48. Special Status | 49. StudentStatus | 59.ID Code(SSN) | 51. SSN Exception | 52. Ctzn. Code | 53. Alien Reg. Number | 54.Age  | 55. Work Codes |
|   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |
| **Section D. Income Information** | **Section E. Asset Information** |
| 71. MemberNumber | 72.Income Type Code | 73. Verification Type | 74.Amount | 75.SSN Benefits Claim No. | 81. Member Number | 82.Description | 83.Verification Type | 84. Included in Net Family Assets? | 85. Status | 86.Cash Value |  87.Asset Income | 88.Actual/Imputed Income | 89. Date Divested |
|   |   |  |   |   |   |   |  |  |   |   |   |  |   |

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