

**Hawaii Housing Finance & Development Corporation  
Rental Assistance Program Certification of Eligibility**

**A. GENERAL INFORMATION**

Project Name: \_\_\_\_\_ Address/Unit No. \_\_\_\_\_  
 Household Name[s]: \_\_\_\_\_ No. Bedrooms/Bathrooms \_\_\_\_\_

**1. CERTIFICATION INFORMATION**

Initial Certification Certification Effective Date \_\_\_\_\_  
 Interim Recertification Move-in Date \_\_\_\_\_  
 Annual Recertification Next Annual Recertification \_\_\_\_\_  
 Other: \_\_\_\_\_

**2. ELIGIBILITY STATUS (Check all applicable items)**

Rental Assistance Program  Market  
 Section 8 Program  Other \_\_\_\_\_  
 Rent Supplement

**B. HOUSEHOLD COMPOSITION, INCOME & ASSETS**

1. Name of Household Member	Relationship	Date of Birth	Minor Y/N	FT Student Y/N	Annual Gross Income
<b>TOTAL</b>					

Household: Total Members \_\_\_\_\_ ; Number of Minors \_\_\_\_\_

**Net Family Assets**

Verified Net Family Assets \_\_\_\_\_ Total Income from Assets: a) \_\_\_\_\_  
 HUD Approved Passbook Rate 2% Imputed Income from Assets:\* b) \_\_\_\_\_  
 \* Complete and take higher of a or b, if applicable.

2. Annual Income (Total Household Income) (Add Total Annual Gross Income and Income from Assets. Household Income cannot exceed applicable income limits indicated on Line 3.) \_\_\_\_\_
3. Rental Assistance Annual Income Limit for family size (80% of median income) \_\_\_\_\_

**C. GENERAL RAP REQUIREMENTS**

To qualify for residence in an Eligible Project, an applicant must:  
 Meet the qualified owner's reasonable tenant selection requirements designed to select responsible tenants  
 Meet the program income limits

To be eligible for RAP, an applicant must:  
 Not have had rental assistance payments previously terminated because of fraud  
 Meet the program income limits (annual income does not exceed eighty percent (80%) of the area median income limit)

**RENT & SUBSIDY BREAKDOWN: RAP, S8 VOUCHER, AND/OR RENTAL SUPPLEMENT**

**I. Rental Assistance Program**

1. Contract Rent		Utility Allowance (UA) Paid by Tenant	
2. <b>Less</b> Tenant Contribution		Total Household Income/12 x 30% less UA if tenant pays	
3. Remaining Rent Due		Line 1 minus Line 2.	
4. <b>Less</b> Rental Assistance Payment		Maximum Payment allowed is:	
5. Shortfall Due from Tenant		Line 3 minus Line 4.	
6. Total Tenant Contribution		Line 2 plus Line 5. Cannot exceed limit above.	

**II. Rental Assistance Program and Rent Supplement Program \***

1. Contract Rent		Utility Allowance (UA) Paid by Tenant	
2. <b>Less</b> Tenant Contribution		Total Household Income/12 x 30% less UA if tenant pays	
3. Remaining Rent Due		Line 1 minus Line 2.	
4. <b>Less</b> Rental Assistance Payment		Maximum Payment allowed is:	
5. Remaining Rent Due		Line 3 minus Line 4.	
6. Apply Rent Supplement Payment			
a. Total Tenant Obligation		Line 2 plus Line 5.	
b. <b>Less</b> Rent Supplement Payment		Provided by Rent Supplement Office	
c. Shortfall Due to Tenant **			
7. Total Tenant Contribution		Cannot exceed limit above.	

**III. Rental Assistance Program and Section 8 Voucher Program \***

1. Contract Rent			
2. <b>Less</b> Rental Assistance Payment		Maximum Payment allowed is:	
3. Net Rent to Section 8		Payment Standard	
4. <b>Less</b> Section 8 Subsidy Payment		As Determined by State/City/County Section 8	
5. Total Tenant Contribution		As Determined by State/City/County Section 8	

\*Changes need to be reported to the appropriate Rent Supplement or Section 8 office.

\*\* If there is a negative shortfall due to the tenant, the Rental Assistance Portion should be adjusted to prevent overpayments.

**D. TENANT(S) CERTIFICATION**

I/We certify that the information contained on this document is true and complete to the best of my/our knowledge. I/We understand that false statements are punishable by law. I/We understand that at least annual recertification of the income of tenants residing in this unit will be required and thereby agree to provide acceptable verification of current anticipated income for each person occupying the unit and to execute an HHFDC Certification of Eligibility form at time of lease renewal or at least annually.

\_\_\_\_\_  
(Signature of Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Spouse/Co-Head)

\_\_\_\_\_  
(Signature of Co-Head)

\_\_\_\_\_  
(Signature of Co-Head)

\_\_\_\_\_  
(Signature of Co-Head)

**E. MANAGEMENT AGENT'S/OWNER'S CERTIFICATION**

I certify under penalty of perjury that the information on this form has been verified as required and the tenant(s) is/are eligible to reside in the project in accordance with the programs indicated in Part A, Section 2. I certify that I have received documentation to support the tenant's income limits indicated herein.

\_\_\_\_\_  
(Signature of Management Agent/Owner)

\_\_\_\_\_  
Date