

**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. xx/xx/xxxx)

**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 in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. 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).

**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
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**Section B. Summary Information**

1. Project Name	12. Effective Date 13. Anticipated Voucher Date 14. Next Recertification Date	21. Unit Number 22. No. of Bedrooms 23. Building ID 24. Unit Transfer Code 25. Previous Unit No. 26. Security Deposit 27. 236 Basic/BMIR Rent 28. Market Rent 29. Contract Rent 30. Utility Allowance 31. Gross Rent
2. Subsidy Type 3. Secondary Subsidy Type 4. Property ID 5. Project Number 6. Contract Number 7. Project iMAX ID 8. Plan of Action Code 9. HUD-Owned Project? 10. Previous Housing Code 11. Displacement Status Code	15. Project Move-In Date 16. Certification Type 17. Action Processed 18. Correction Type 19. EIV Indicator 20. Prev. Subsidy Type	

**Section C. Household Information**

32. No.	33. Last Name	34. First Name	35. MI	36. Rel.	37. Sex	38. Race	39. Eth	40. Birth Date	41. Special Status	42. Stdnt Stat.	43. ID Code (SSN)	44. SSN Excp	45. Ctzsn Code	46. Alien Reg. Number	47. Age	48. Work Codes
01																
02																
03																
04																
05																
06																
07																
08																

49. Family has Mobility Disability? 50. Family has Hearing Disability? 51. Family has Visual Disability?	52. Number of Family Members 53. Number of Non-Family Members 54. Number of Dependents 55. Number of Eligible Members	56. Expected Family Addition - Adoption 57. Expected Family Addition - Pregnancy 58. Expected Family Addition - Foster Children
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59. Previous Head Last Name 60. Previous Head First Name 61. Previous Head Middle Initial	62. Active Full Cert. Effective Date 63. Previous Head ID 64. Previous Head Birth Date
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**Section D. Income Information**

**Section E. Asset Information**

65. Mbr. No.	66. Income Type Code	67. Amount	68. SSN Benefits Claim No.	74. Mbr. No.	75. Description	76. Status	77. Cash Value	78. Actual Yearly Income	79. Date Divested

69. Total Employment Income 70. Total Pension Income 71. Total Public Assistance Income 72. Total Other Income 73. Total Non-Asset Income	80. Total Cash Value of Assets 81. Actual Income from Assets 82. HUD Passbook Rate 83. Imputed Income from Assets 84. Asset Income
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**Section F. Allowances & Rent Calculations**

85. Total Annual Income 86. Low Income Limit 87. Very Low Income Limit 88. Extremely Low Income Limit 89. Current Income Status 90. Eligibility Universe Code 91. Sec. 8 Assist. 1984 Indicator 92. Income Exception Code 93. Police / Security Tenant? 94. Survivor of Qualifier? 95. Household Citizenship Eligibility	96. Deduction for Dependents 97. Child Care Expense (work) 98. Child Care Expense (school) 99. 3% of Income 100. Disability Expense 101. Disability Deduction 102. Medical Expense 103. Medical Deduction 104. Elderly Family Deduction 105. Total Deductions 106. Adjusted Annual Income	107. Total Tenant Payment 108. Tenant Rent 109. Utility Reimbursement 110. Assistance Payment 111. Welfare Rent 112. Rent Override 113. Hardship Exemption 114. Waiver Type Code 115. Eligibility Check Not Required 116. Extenuating Circumstances Code
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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**

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**Section D. Income Information**

**Section E. Asset Information**

65. Mbr. No.	66. Income Type Code	67. Amount	68. SSN Benefits Claim No.	74. Mbr. No.	75. Description	76. Status	77. Cash Value	78. Actual Yearly Income	79. Date Divested