


**ONLY USE IF THE MOST RECENT TAX RETURN IS NOT AVAILABLE or THE RECENT RETURN DOES NOT REFLECT YOUR INCOME ACCURATELY**

CHFA Form BCT-110  
Updated 7/14/24

**CHFA TENANT INCOME CERTIFICATION  
BUILD FOR CT PROGRAM**

- Initial Certification  
 Recertification

Effective Date: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_  
(MM-DD-YYYY)



**PART I - DEVELOPMENT DATA**

Property Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Unit Number: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Rent: \_\_\_\_\_

**PART II - HOUSEHOLD COMPOSITION**

Household Member #	Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YY)
1				
2				
3				
4				
5				
6				
7				

**PART III – STATE REASON WHY MOST RECENT TAX RETURN IS NOT AVAILABLE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART IV – ANNUAL INCOME - PAYSTUBS**

Household Member #	Income Source	Gross Wages (Use Average of 4 Most Recent Paystubs)	Period (12, 24, 26, 52)	Anticipated Annual Income
		\$	X	= \$
		\$	X	= \$
		\$	X	= \$
		\$	X	= \$
		\$	X	= \$
<b>TOTALS</b>				\$

**PART V – ANNUAL INCOME – SELF-EMPLOYMENT**

Household Member #	Name of Business	Type of Business	Annual Profit (Gross Income less Expenses)	Profit/Loss Statement Submitted (Requirement for Approval)
			\$	
			\$	
			\$	
			\$	
			\$	
<b>TOTALS</b>			\$	

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PART VI – ANNUAL INCOME – SOCIAL SECURITY					
Household Member #	Type of Benefit	Gross Payment Amount	Payment Frequency		Anticipated Annual Income
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
<b>TOTALS</b>					\$

PART VII– ANNUAL INCOME – PENSION					
Household Member #	Pension Provider	Gross Payment Amount	Payment Frequency		Anticipated Annual Income
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
<b>TOTALS</b>					\$

PART VIII– ANNUAL INCOME – VETERANS					
Household Member #	Type of Benefit (Retirement; Disability; Student; Housing; etc.).	Gross Payment Amount	Payment Frequency		Anticipated Annual Income
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
<b>TOTALS</b>					\$

PART IX– ANNUAL INCOME – INVESTMENTS					
Household Member #	Investment Provider	Gross Payment Amount	Payment Frequency		Anticipated Annual Income
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
		\$	X	<input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	X \$
<b>TOTALS</b>					\$

PART X – TOTAL OVERALL ANNUAL INCOME	
Income Source	Total Annual Income
Part IV - Paystubs	\$
Part V - Self-Employment	\$
Part VI - Social Security	\$
Part VII - Pension	\$
Part VIII - Veterans	\$
Part IX - Investments	\$
<b>OVERALL TOTAL ANNUAL INCOME</b>	\$

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**HOUSEHOLD CERTIFICATION & SIGNATURES**

The information on this form will be used to determine maximum income eligibility. I/We have provided for each person(s) set forth in Part II acceptable verification of annual income. I/We agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

_____ Signature	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)

**SIGNATURE OF OWNER/REPRESENTATIVE**

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the Build for CT Program and the Declaration of Land Use Restrictive Covenants to live in a unit in this Project.

- Schedule of Initial Rent & Income Schedule and current Build for CT Rent and Income Calculator attached, indicating applicable Unit Size and AMI Band.

\_\_\_\_\_  
SIGNATURE OF OWNER/REPRESENTATIVE      \_\_\_\_\_  
DATE

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**INSTRUCTIONS FOR COMPLETING CHFA TENANT  
INCOME CERTIFICATION  
BUILD FOR CT PROGRAM**

*This form is to be completed by the owner or an authorized representative.*

**Part I - Development Data**

Check the appropriate box for Initial Certification (move-in), Recertification (annual recertification).

Effective Date	Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.
Move-in Date	Enter the date the tenant has or will take occupancy of the unit.
Property Name	Enter the name of the development.
Address	Enter the street address, city, and zip code of the building.
Unit Number	Enter the unit number.
# Bedrooms	Enter the number of bedrooms in the unit.
Square Footage	Enter the square footage of the unit.
Rent	Enter current rent for the unit.

**Part II - Household Composition**

List all occupants of the unit. State each household name and birth date.

*If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.*

**PART III – STATE REASON WHY MOST RECENT TAX RETURN IS NOT AVAILABLE**

Explain the reason why the applicants most recent tax return is not available.

**Part IV- Annual Income – Paystubs**

From the third-party verification forms obtained from each income source, enter the monthly amount anticipated to be received for the 12 months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

First Column	Enter the Household Member number from Part II.
Second Column	Enter Employers Name.
Third Column	Enter the average Gross Wages from 4 consecutive paystubs. They should be the most recent paystubs.
Fifth Column	Enter the Frequency that the Applicant gets paid per year. The periods are 12, 24, 26 or 52 times per year.
Seventh Column	Multiply the Gross Wages (column 3) by the number of periods (column 5) and enter here. If an applicant's gross pay is \$1,000 and they get paid weekly (52) their total wages would be \$52,000 (\$1,000 x 52 = \$52,000
TOTALS	Total the Annual Income of the Household.

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**Part V- Annual Income – Self-Employment**

From the third-party verification forms obtained from each income source, enter the yearly amount anticipated to be received for the 12 months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

First Column	Enter the Household Member number from Part II.
Second Column	Enter Employers Name.
Third Column	Enter the type of Business
Fourth Column	Enter the Annual Profit. That is Gross Income less Expenses.
Fifth Column	Enter date Profit/Loss Statement was submitted. A Profit/Loss Statement is Required for Approval.

**Part VI- Annual Income – Social Security**

From the third-party verification forms obtained from each income source, enter the monthly amount anticipated to be received for the 12 months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

First Column	Enter the Household Member number from Part II.
Second Column	Enter the Type of Benefit.
Third Column	Enter the Gross Amount Received.
Fifth Column	Enter the Frequency Payment is Received. Check Monthly or Other (If other write-in frequency).
Seventh Column	Multiply the Gross Payment (column 3) by the Payment Frequency (column 5) and enter here. If an applicant's gross payment is \$2,000 and the frequency is monthly (12) their Total Annual Income would be \$24,000 (\$2,000 x 12 = \$24,000)
TOTALS	Total the Annual Income of the Household.

**Part VII- Annual Income – Pension**

From the third-party verification forms obtained from each income source, enter the monthly amount anticipated to be received for the 12 months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

First Column	Enter the Household Member number from Part II.
Second Column	Enter the name of the Company that provides your pension.
Third Column	Enter the Gross Amount Received.
Seventh Column	Multiply the Gross Amount Received (column 3) by the Payment Frequency (column 5) and enter here. If an applicant's Gross Amount is \$2,000 and the frequency is monthly (12) their Total Annual Income would be \$24,000 (\$2,000 x 12 = \$24,000)
TOTALS	Total the Annual Income of the Household.

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**Part VIII- Annual Income – VETERANS INCOME**

From the third-party verification forms obtained from each income source, enter the monthly amount anticipated to be received for the 12 months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

First Column	Enter the Household Member number from Part II.
Second Column	Enter the Type of Benefit (Retirement; Disability; Student; Housing; etc.)
Third Column	Enter the Gross Payment Amount.
Fifth Column	Enter the Frequency Payment is Received. Check Monthly or Other (If other write-in frequency).
Seventh Column	Multiply the Gross Payment Amount (column 3) by the Payment Frequency (column 5) and enter here. If an applicant's Gross Amount is \$2,000 and the frequency is monthly (12) their Total Annual Income would be \$24,000 (\$2,000 x 12 = \$24,000)
TOTALS	Total the Annual Income of the Household.

**Part IX- Annual Income – INVESTMENTS**

From the third-party verification forms obtained from each income source, enter the monthly amount anticipated to be received for the 12 months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

First Column	Enter the Household Member number from Part II.
Second Column	Enter the Investment Provider
Third Column	Enter the Gross Payment Amount.
Fifth Column	Enter the Frequency Payment is Received. Check Monthly or Other (If other write-in frequency).
Seventh Column	Multiply the Gross Payment Amount (column 3) by the Payment Frequency (column 5) and enter here. If an applicant's Gross Amount is \$2,000 and the frequency is monthly (12) their Total Annual Income would be \$24,000 (\$2,000 x 12 = \$24,000)
TOTALS	Total the Annual Income of the Household.

**Part X- Total Overall Annual**

From the income sections above enter the total anticipated annual income.

Second Column	Enter the total anticipated annual income for each section.
Totals	Total the Overall Annual Income of the Household.

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CHFA Form BCT-110 Instructions  
Version 1 4/30/24

**HOUSEHOLD CERTIFICATION AND SIGNATURES**

After all verifications of income have been received and calculated, each household member age 18 or older must sign and date the Tenant Income Certification. For move-in, it is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification.

**SIGNATURE OF OWNER/REPRESENTATIVE**

It is the responsibility of the owner or the owner's representative to sign and date this document immediately following execution by the resident(s).

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important. Files may be periodically audited by CHFA or a representative.