



# ANNUAL CERTIFICATION OF TENANT ELIGIBILITY

FORM 50059

PART I - GENERAL AND TENANT INFORMATION			
Report Type (Enter one Code) <input type="checkbox"/> 1 = Initial Certification 2 = Scheduled Recertification      3 = Interim Recertification	Project Name (Enter one Code) <input type="checkbox"/> 1 = Lada Gardens 2 = Guma As Atdas      3 = Sagan Linahyan		
Previous Housing Initial Certification Only (Enter one Code) <input type="checkbox"/> 1 = Substandard 2 = With or About to be Without Housing 3 = Standard	Displacement Status (If Applicable) (Enter one Code) <input type="checkbox"/> 1 = Government Action 2 = Natural Disaster 3 = Private Action	Minority (Enter one Code) <input type="checkbox"/> 1 = Caucasian 2 = Chamorro 3 = Filipino 4 = ROP 5 = FSM 6 = RMI 7 = Other _____	

Household Status (Check all that applies): Head/Spouse is:      a.  Age 62 or over

Are you a military veteran? (Optional)      a.  Yes      b.  No

Do you require accessibility within the unit?      a.  Yes      b.  No

If yes, please state what type of accommodation(s): \_\_\_\_\_

PART II - HOUSEHOLD COMPOSITION						
No.	Last Name	First Name	M.I.	Relationship	Sex	Nationality
Head				Head		
2						
3						
4						
5						
6						
7						
8						
9						

  

No.	Place of Birth		Date of Birth			Occupation	Social Security No.
	U.S. City or Foreign Country	U.S. State	MM	DD	YY		
Head							
2							
3							
4							
5							
6							
7							
8							
9							

	Total No. In Household		No. of Minors	
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PART III - INCOME					PART IV - NET FAMILY ASSETS		
	Wages, Salaries, Etc.	Social Sec., Pensions, Etc.	Public Assistance	Income From Assets	Other	Type	Amount
Head							
<b>TOTAL</b>						<b>TOTAL NET ASSETS:</b>	
						PART V - ELIGIBILITY	
ANNUAL INCOME						\$	
						ELIGIBILITY INCOME	\$
						ADJUSTED INCOME	\$

**PART VI - UNIT ASSIGNMENT (for official use only)**

Original Move-In Date		MM DD YY / /	Effective Date Of this Cert/Recertification		MM DD YY / /	Date for Next Recertification		MM YY /
No. of Bedrooms		Unit No.		Street Name			Contract Rent	\$

**PART VII - TENANT(S)/OWNER OFFICIAL CERTIFICATION**

PRIVACY ACT STATEMENT - The Information on this form is being collected to determine eligibility, proper unit size, and the amount of tenant(s) rent. It will be used to provide the basis for managing the rental program, for protecting the Government's financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies, and when relevant to civil, criminal or regulatory investigators or prosecutors.

TENANT(S) STATEMENT - I/We certify that the statement in Parts II, III, IV and V above are true and complete to the best of my/our knowledge.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date