



# ANNUAL CERTIFICATION OF TENANT ELIGIBILITY



FORM 50059

## PART I – GENERAL AND TENANT INFORMATION

Report Type (Enter one Code) <input type="checkbox"/>		Project Name (Enter one Code) <input type="checkbox"/>	
1 = Initial Certification		1 = Lada Gardens	
2 = Scheduled Recertification      3 = Interim Recertification		2 = Guma As Atdas      3 = Sagan Linahyan	
Previous Housing Initial Certification Only (Enter one Code) <input type="checkbox"/>	Displacement Status (If Applicable) (Enter one Code) <input type="checkbox"/>	Minority (Enter one Code) <input type="checkbox"/>	
1 = Substandard	1 = Government Action	1 = Caucasian	
2 = With or About to be Without Housing	2 = Natural Disaster	2 = Chamorro	
3 = Standard	3 = Private Action	3 = Filipino	
		4 = ROP	
		5 = FSM	
		6 = RMI	
		7 = Other _____	
Household Status (Check all that applies): Head/Spouse is:      a. <input type="checkbox"/> Age 62 or over			
Are you a military veteran? (Optional)      a. <input type="checkbox"/> Yes      b. <input type="checkbox"/> No			
Do you require accessibility within the unit?      a. <input type="checkbox"/> Yes      b. <input type="checkbox"/> 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>	
						<b>PART V - ELIGIBILITY</b>	
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