

**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. 03/31/2014)

**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	Unit Number	Effective Date	Certification Type
Head of Household	Total Tenant Payment	Assistance Payment	Tenant Rent

**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
-------------	------

Check this box if Tenant is unable to sign for a legitimate reason

Anticipated Voucher Date

**Owner's Certification of Compliance  
with HUD's Tenant Eligibility  
and Rent Procedures**

**U. S. Department of Housing  
And Urban Development**

For Personal Records ONLY - not for  
Submission to the Federal Government

Office of Housing  
Federal Housing Commissioner

Record for Landlords  
(Exp. 03/31/2014)

**Section B. Summary Information**

1. Project Name	13. Effective Date	23. Unit Number
2. Subsidy Type	14. Anticipated Voucher Date	24. No. of Bedrooms
3. Secondary Subsidy Type	15. Next Recertification Date	25. Building ID
4. Property ID	16. Project Move-In Date 17. Unit Move-In Date 18. Certification Type 19. Action Processed 20. Correction Type 21. Cert. Correction Date 22. Prev. Subsidy Type	26. Unit Transfer Code
5. Project Number		27. Previous Unit No.
6. Contract Number		28. Security Deposit
7. Telecom Address		29. Basic Rent
8. Plan of Action Code		30. Market Rent
9. HUD-Owned Project?		31. Contract Rent
10. FIPS County Code		32. Utility Allowance
11. Previous Housing Code		33. Gross Rent
12. Displacement Status		

**Section C. Household Information**

34. No.	35. Last Name	36. First Name	37. MI	38. Rel.	39. Sex	40. Race	41. Eth.	42. Birth Date	43. Special Status	44. Student Status	45. ID Code (SSN)	46. Elig. Code	47. Alien Reg. Number	48. Age at Cert.	49. Work Codes
01															
02															
03															
04															
05															
06															
07															
08															

50. Family is Mobility Impaired?	51. Family is Hearing Impaired?	52. Family is Visually Impaired?	53. Number of Family Members	54. Number of Non-Family Members	55. Number of Dependents	56. Number of Eligible Members	57. Expected Family Addition - Adoption	58. Expected Family Addition - Pregnancy	59. Expected Family Addition - Foster Children
----------------------------------	---------------------------------	----------------------------------	------------------------------	----------------------------------	--------------------------	--------------------------------	---	--	--

60. Previous Head Last Name	61. Previous Head First Name	62. Previous Head Middle Initial	63. Previous Effective Date	64. Previous Head ID	65. Previous Head Birth Date
-----------------------------	------------------------------	----------------------------------	-----------------------------	----------------------	------------------------------

**Section D. Income Information**

**Section E. Asset Information**

66. Mbr. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested

70. Total Employment Income	71. Total Pension Income	72. Total Public Assistance Income	73. Total Other Income	74. Total Non-Asset Income	81. Cash Value of Assets	82. Actual Income from Assets	83. HUD Passbook Rate	84. Imputed Income from Assets	85. Asset Income
-----------------------------	--------------------------	------------------------------------	------------------------	----------------------------	--------------------------	-------------------------------	-----------------------	--------------------------------	------------------

**Section F. Allowances & Rent Calculations**

86. Total Annual Income	87. Low Income Limit	88. Very Low Income Limit	89. Extremely Low Income Limit	90. Current Income Status	91. Eligibility Universe Code	92. Sec. 8 Assist. 1984 Indicator	93. Income Exception Code	94. Police / Security Tenant?	95. Survivor of Qualifier?	96. Household Assistance Status	97. Deduction for Dependents	98. Child Care Expense (work)	99. Child Care Expense (school)	100. 3% of Income	101. Disability Expense	102. Disability Deduction	103. Medical Expense	104. Medical Deduction	105. Elderly Family Deduction	106. Total Deductions	107. Adjusted Annual Income	108. Total Tenant Payment	109. Tenant Rent	110. Utility Reimbursement	111. Assistance Payment	112. Welfare Rent	113. Hardship Exemption	114. Waiver Type Code
-------------------------	----------------------	---------------------------	--------------------------------	---------------------------	-------------------------------	-----------------------------------	---------------------------	-------------------------------	----------------------------	---------------------------------	------------------------------	-------------------------------	---------------------------------	-------------------	-------------------------	---------------------------	----------------------	------------------------	-------------------------------	-----------------------	-----------------------------	---------------------------	------------------	----------------------------	-------------------------	-------------------	-------------------------	-----------------------

**Owner's Certification of Compliance  
with HUD's Tenant Eligibility  
and Rent Procedures**

**U. S. Department of Housing  
And Urban Development**

For Personal Records ONLY - not for  
Submission to the Federal Government

Office of Housing  
Federal Housing Commissioner

Record for Landlords  
(Exp. 03/31/2014)

Name of Project	Unit Number	Effective Date	Certification Type
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**

34. No.	35. Last Name	36. First Name	37. MI	38. Rel.	39. Sex	40. Race	41. Eth.	42. Birth Date	43. Special Status	44. Student Status	45. ID Code (SSN)	46. Elig. Code	47. Alien Reg. Number	48. Age at Cert.	49. Work Codes

**Section D. Income Information**

**Section E. Asset Information**

66. Mbr. No.	67. Income Type Code	68. Amount	69. SSN Benefits Claim No.	75. Mbr. No.	76. Description	77. Status	78. Cash Value	79. Actual Yearly Income	80. Date Divested