LOW-INCOME LEASE RIDER

THIS RIDER, AN INCOME CERTIFICATION, AND AN

EMPLOYER VERIFICATION MUST BE OBTAINED FROM

ALL TENANTS OF APARTMENTS FOR WHICH LOW-INCOME

HOUSING TAX CREDITS ARE REQUESTED

Tenant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Each member of the household 18 years or older must complete and sign this rider and all other attachments.)

Lease Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apartment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned tenant hereby certifies and agrees as follows:

1. Income Certification. My attached income certification is true, correct, and complete.

2. Employer Verification. The landlord or property manager has my permission to verify my

 income from my employer, using the attached form.

3. Student Status. I understand that this apartment cannot be occupied entirely by full-time

 students unless the household meets an allowable tax credit exemption.

4. False Statements. If my income certification and/or any lease application submitted by me is

 false, the landlord or property manager will have the right to terminate my lease and recover

 possession of my apartment. I understand that the landlord and property manager are relying

 on my income certification in accepting me as a tenant, and that the landlord will be seriously

 harmed if my income does not qualify the apartment for low-income housing tax credits.

 This rider shall be considered part of my lease.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

**To be Attached: A. Tenant Income Certification Form**

 **B. All necessary third party forms**

 **“This institution is an equal opportunity provider and employer”**

 **EQUAL HOUSING OPPORTUNITY**

