HOLSTEN MANAGEMENT CORPORATION

LEASE RIDER #5

LOW- INCOME LEASE RIDER FOR TAX CREDIT BUILDINGS

Revised	03/08/2006	per HUD
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This rider,	an income certification,	and employer verification	(if applicable) must	be obtained from al
occupants	s in apartments (over 18	vr.). This is a requirement	t under the Tax Cred	lit Programs.

Tenant		
Lease Dates :	to	
Building Address and Apartment #		

The undersigned hereby certifies and agrees as follows:

- 1. **Income Certification**: My attached income certification is true, correct and complete. I agree to provide a similar certification annually upon request during the term of my occupancy.
- 2. **Employer Verification**: The landlord or property manager has my permission to verify my income from my employer, using the attached form, now and on an annual basis.
- 3. **False or Missing Statements**: If my income certification and or any lease application submitted by me is false, or if I fail to provide annual certifications or if any of them is false, the landlord or property manager will have the right to terminate my lease and take possession of my apartment immediately.
- 4. **Maximum Household Income**: If the current combined total income for all household members, as stated on the attached income certification or as otherwise verified exceeds the maximum allowable household income from my household size as set forth in the table below, the landlord or property manager will have the right to terminate my lease and take possession of my apartment immediately.

Household Size	Maximum Allowable Household Income 60% Median Income	
1	\$ 31,680.00	
2	\$ 36,180.00	
3	\$ 40,740.00	
4	\$ 45,240.00	
5	\$ 48,840.00	
6	\$ 52,500.00	
7	\$ 56,100.00	
8	\$ 59,700.00	

I understand that the landlord and the 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.

Tenant's Signature :	 	
Date :		