Questions? Contact us: developerservices@phila.gov



Resident Income Certification (RIC) Form

Please fill out this form for each household who will lease or is currently leasing an affordable unit created in compliance with the Mixed Income Housing program. For initial certifications, leases CANNOT be executed until the RIC is approved by Development Services staff.

Required Documentation

	ubmit all required documentation when submitting this form. A checklist is provided below for nvenience.
Docume	entation required for each affordable unit:
	Standard lease form Tenant Acknowledgement Certificate (to be included as addendum to lease) Completed Utility Allowance Schedule*, unless household is using a Housing Choice Voucher Proof of Section 8 Housing Choice Voucher, if applicable
Docume	entation required for all individuals over 18-years of age living within the unit:
	Credit report Current State-issued identification For income-earning adults Two (2) most recent paystubs if paid biweekly or four (4) if paid weekly Proof of any other type of income Most recent Federal Income Tax return For adults with no income, Certificate of Zero Income culate the Utility Allowance, locate the correct table for the building type and fill out the bottom
	with all tenant-paid utilities for the unit and service type. If the utility is paid for by the landlord,
	"Landlord Provided." You can access the Schedule here: www.pha.phila.gov/housing/housing-choice-voucher/monthly-utility-allowance-and-payments/
Projec	ct Information
Select o	ne of the following certifications
	Initial certification Re-certification Tenant transfer
1. Proj	ect Address:

ι	Jnit Information				
2	. Unit Number:				
3	. Unit Type:				
	□ Efficiency				
	☐ 1 Bedroom				
	☐ 2 Bedrooms				
	☐ 3 Bedrooms				
4	Unit occupation date:				
5	. Based on the affordability restrictions stated in the deed restriction for the unit, indicate the income				
	limit expressed as a percentage of Area Median Income (AMI):%AMI				
6	. Will the household be using a Section 8 Housing Choice Voucher? ☐ Yes ☐ No				
	If yes, skip to question 10.				
7	Using Table 1 below, enter the applicable Cross Bent Limit for the number of hadrooms in this unit				
/	Using Table 1 below, enter the applicable Gross Rent Limit for the number of bedrooms in this unit				
	(#3) at the required AMI level (#5): \$ per month				
	TABLE 4 00010 B 411 W				
	TABLE 1: 2025 Gross Rent Limits				
	(Tenant rent +utility allowance)				
	Bedrooms (People) ≤40% AMI ≤50% AMI ≤60% AMI ≤80% AMI ≤120% AMI ≤120% AMI				

TABLE 1: 2025 Gross Rent Limits						
(Tenant rent +utility allowance)						
Bedrooms (People)	≤40% AMI	≤50% AMI	≤60% AMI	≤80% AMI	≤100% AMI	≤120% AMI
Eff/Studio (1.0)	\$836	\$1,045	\$1,254	\$1,672	\$2,090	\$2,508
1 Bedroom (1.5)	\$896	\$1,120	\$1,344	\$1,792	\$2,240	\$2,688
2 Bedrooms (3.0)	\$1,075	\$1,343	\$1,612	\$2,150	\$2,687	\$3,225
3 Bedrooms (4.5)	\$1,242	\$1,552	\$1,863	\$2,484	\$3,105	\$3,726
4 Bedrooms (6.0)	\$1,386	\$1,732	\$2,079	\$2,772	\$3,465	\$4,158
5 Bedrooms (7.5)	\$1,529	\$1,911	\$2,293	\$3,058	\$3,822	\$4,587

*If an affordable rental unit is rented to a household with a Section 8 Housing Choice Voucher, the contract rent may, for such period that the Tenant Voucher is in effect, exceed the maximum rent otherwise permitted by this Section.

ot	otherwise permitted by this Section.				
3.	Based on the Utility Allowance Schedule, indicate the monthly utility allowance \$per month	owance for this unit:			
9.	To calculate the Maximum Rent, subtract the Utility Allowance from the This is the maximum monthly rent that can be charged to the tenant. Indicate this Maximum Rent here: \$	applicable gross rent (#7) per month			

Household Composition

In questions #10 through #14 below, indicate all the individuals who will occupy this unit as their principal residence. A principal residence is defined as the home or place where one's habitation is fixed and to which one, whenever they are absent, has a present intention of returning after a departure or absence therefrom, regardless of the duration of the absence. Please fill out the chart below with the names and birth dates of all adults living in the unit. Note: All adults in a Household occupying the unit must appear on the lease except for the legal dependents of leaseholders as claimed on the most recent federal income tax return or legal minor children of leaseholders.

fede	eral income tax return or legal mi	nor children of leaseholders.	
	adults must appear on the lease,	th the names and birthdates of all except for the legal dependents o eturn or legal minor children of le	f leaseholders as claimed on the
	Last Name	First Name	Birthdate (MM/DD/YYYY)
	Last Name	That Name	Birthdate (WilW/DD/1111)
11.	Race of individuals included on le	ase – Choose all that apply:	
	☐ White	,	
	☐ Black		
	☐ American Indian or Alask	an Native	
	☐ Asian or Pacific Islander		
	☐ Two or more races		
12.	Ethnicity of individuals included o	on lease – Choose all that apply:	
	☐ Hispanic		
	☐ Non-Hispanic		
13.	Please fill out the chart below wit	th the names and birthdates of an	y individuals living in the unit who
	are not listed on lease:		
	Last Name	First Name	Birthdate (mm/dd/yyyy)

14. Total household size, including all individuals who reside in the unit:	
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Annual Household Income

Please complete the chart below for all income earning adults living within the unit. All income types must be included and calculated for the full year.

A. Full Name	B. Employment	C. Payments in	D. Public	E. Other	Income	Calculation
	Income*	lieu of	Assistance	Income	F. Sum of	G. Gross Income
		earnings**			Columns B	from Tax Return
					thru E***	

^{*}B. Gross amount of wages include salaries, overtime pay, commissions, fees tips, and bonuses. Annual income is calculated by taking the average of paystubs and multiplying by 26 if biweekly or 52 if weekly.

15.	Use the Income Calculation that yields the highest number for each income earning adult	: to
	calculate the total Annual Household Income, and indicate here: \$	

16	Total Monthly	Household income: \$	
TU.	TOTAL MICHELLIN	Household liteoille. 3	

17.	Jsing the total household size	(#14) and the total	annual household	d income (#15),	refer to	Table 2
	pelow to indicate whether the	household meets t	the income restrict	tions:		

Yes

	N	0
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TABLE 2: 2025 Income Limits						
Household	≤40% AMI	≤50% AMI	≤60% AMI	≤80% AMI	≤100% AMI	≤120% AMI
Size						
1 person	≤\$33,440	≤\$41,800	≤\$50,160	≤\$66,880	≤\$83,600	≤\$100,320
2 person	≤\$38,240	≤\$47,800	≤\$57,360	≤\$76,480	≤\$95,600	≤\$114,720
3 person	≤\$43,000	≤\$53,750	≤\$64,500	≤\$86,000	≤\$107,500	≤\$129,000
4 person	≤\$47,760	≤\$59,700	≤\$71,640	≤\$95,520	≤\$119,400	≤\$143,280
5 person	≤\$51,600	≤\$64,500	≤\$77,400	≤\$103,200	≤\$129,000	≤\$154,800
6 person	≤\$55,400	≤\$69,300	≤\$83,160	≤\$110,880	≤\$138,600	≤\$166,320
7 person	≤\$59,240	≤\$74,050	≤\$88,860	≤\$118,480	≤\$148,100	≤\$177,720

^{**}C. Social Security, SSI, Pensions, etc.

^{***}F. Employment Income + Payments in lieu + Public Assistance + Other Income

Certifications & Approvals

Attiah Brockington, Program Manager

Tenant - By signing this form, I certify that the information I provided herein is true and complete. I further certify that I will provide supporting documentation to the owner or agent of the property, which will be provided to Development Services, when requested.

Owner - By signing this form, I certify that the resident is eligible under the provisions of the Declaration of Restrictive Covenant.

Signature of owner Date

Development Services - By signing below the Housing Compliance Manager indicates that the unit meets the affordability requirements under the Mixed Income Housing program.

Donna Laws, Project Coordinator Date

Date