EXHIBIT D

CERTIFICATION OF TENANT ELIGIBILITY

Part I - General Information

NOTE TO APARTMENT OWNER: This form is designed to assist you in computing Annual Income in accordance with the method set forth in the Department of Housing and Urban Development (“HUD”) Regulations (24  CFR 813). You should make certain that this form is at all times up to date with the HUD Regulations.

1. Development Name 2. Development Information

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

3. Total No. of Units 4. Name of Lender

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

5. Owner’s Telephone No. 6. Manager’s Name and Telephone No.

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

Part II - Unit Information

7. Apartment Address 8. Number of 9. Monthly Rent 10. Number of

Bedrooms Occupants

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Part III - Affidavit of Tenant

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as applicant(s) for rental of a Lower Income Unit in the above-described Development, or as current occupant(s) of a Lower Income Unit in the above-described Development, do hereby represent and warrant as follows:

1. (My/Our) adjusted income (anticipated total annual income) of $\_\_\_\_\_\_\_\_ does not exceed [**forty percent (40%)** / **sixty percent (60%)**] of the median gross income for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Metropolitan Statistical Area. (I/We) understand that the applicable median gross income is $\_\_\_\_\_\_\_\_\_\_. The following computation includes all income (I/we) anticipate receiving for the 12-month period beginning on the date (I/we) execute a rental agreement for a Lower Income Unit or the date of which (I/we) will initially occupy such unit, whichever is earlier.

2. For the tenant and all members of the household, include for the 12-month period beginning this date anticipated income from the following sources:

(a) the full amount, before any payroll deductions, of wages, salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services, and payments in lieu of earnings, such as unemployment and disability compensation, worker’s compensation and severance pay and any earned income tax credit to the extent it exceeds income tax liability

(a) \_\_\_\_\_\_\_\_\_\_\_\_\_

(b) net income from operations of a business or profession, including any withdrawal of cash therefrom except to the extent it reimburses cash or assets of the individual or family, and without deducting expenditures for business expansion or amortization of capital indebtedness, and using in determining the deduction for depreciation of capital assets only the straight-line method.

(b) \_\_\_\_\_\_\_\_\_\_\_\_\_

(c) net income of any kind from real or personal property, without deducting expenditures for amortization of capital indebtedness, and using in determining the deduction for depreciation only the straight-line method

(c) \_\_\_\_\_\_\_\_\_\_\_\_\_

(d) interest and dividends

(d) \_\_\_\_\_\_\_\_\_\_\_\_\_

(e) the full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, alimony, child support and regular contributions or gifts from persons not residing in the unit

(e) \_\_\_\_\_\_\_\_\_\_\_\_\_

(f) the maximum amount of public assistance available

(f) \_\_\_\_\_\_\_\_\_\_\_\_\_

(g) regular and special pay and allowances to a member of Armed Forces (whether or not living in the dwelling) who is head of the family or spouse

(g) \_\_\_\_\_\_\_\_\_\_\_\_\_

(h) with respect to any member of the household or any person who has any income included in 2(c) or (d), above, set forth on the following line (i) the amount of savings, stocks, bonds, equity in real property, or other form of capital investment (excluding interest in Indian trust lands) if such amounts, when added together, exceed $5,000

(i) \_\_\_\_\_\_\_\_

Multiply the aggregate amount of line (i) by the current passbook savings rate as determined by HUD

(ii) \_\_\_\_\_\_\_\_

List the amount of income expected to be derived from the assets on line (i)

(iii) \_\_\_\_\_\_\_\_

Line (ii) minus Line (iii) (if less than $0, enter $0)

(iv) \_\_\_\_\_\_\_\_

(h) \_\_\_\_\_\_\_\_\_\_\_\_

Subtotal (a) through (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less: portion of above items that are income of a member of the household who is less than 18 years old

<\_\_\_\_\_\_\_\_\_\_\_\_\_>

Total Eligible Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: The following items are not considered income: casual, sporadic or irregular gifts; amounts specifically for or in reimbursement of medical expenses; lump sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker’s compensation); capital gains and settlement for personal or property losses; educational scholarships paid directly to the student or educational institution; government benefits to a veteran for use in meeting the costs of tuition, fees, books, equipment, materials, supplies, transportation and miscellaneous personal expenses of the student; hazardous duty pay to a member of the household in the armed forces who is away from home and exposed to hostile fire; payments received for the care of foster children; income of a “live-in-aide” within the meaning of 813.102 of the HUD regulations; amounts received under training programs funded by HUD; amounts received by a “disabled person” that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (“PASS”); amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred and that are made solely to allow participation in a specific program; reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era, but only with respect to initial determinations and reexamination of income carried out on or after April 23, 1993; and amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under the United States Housing Act of 1937.

3. As of the first day of occupancy of the unit which (I/we) propose to rent (a) either (I/we) or at least one other occupant of the unit is not an individual enrolled as a full-time student during each of five (5) calendar months during the calendar year in which occupancy of the unit begins at an educational organization which normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of students in attendance and is not an individual pursuing a full-time course of institutional or farm training under the supervision of an accredited agent of such an educational organization or of a state or political subdivision thereof or (b) if all of the occupants of the unit will be individuals described in (a), either (I/we) or one other occupant of the unit is a husband and wife entitled to file a joint Federal income tax return.

4. Neither (I/we) nor any other occupant of the unit (I/we) propose to rent is the Owner of the rental housing development which includes the unit (hereinafter the “Owner”).

5. This affidavit is made with the knowledge that it will be relied upon by the Owner to determine maximum income for eligibility and (I/we) warrant that all information set forth in this Part III is true, correct and complete and based upon information (I/we) deem reliable and that the estimate contained in paragraph 1 is reasonable and based upon such investigation as the undersigned deemed necessary.

6. (I/We) will assist the Owner in obtaining any information or documents required to verify the statements made in this Part III.

7. (I/We) acknowledge that (I/we) have been advised that the making of any misrepresentation or misstatement in this affidavit will constitute a material breach of (my/our) agreement with the Owner to lease the unit and will entitle the Owner to prevent or terminate (my/our) occupancy of the unit by institution of an action for ejection or other appropriate proceedings.

(I/We) do hereby swear under penalty of perjury that the foregoing statements are true and correct.

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

Date Applicant

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

Applicant

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_

(Notary Seal)

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

Notary Public in and for the

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCOME VERIFICATION

(for employed persons)

The undersigned employee has applied for a rental unit located in a development financed by the Massachusetts Housing Finance Agency for persons of low and moderate income. Every income statement of a prospective tenant must be stringently verified. Please indicate below the employee’s current annual income from wages, overtime, bonuses, commissions or any other form of compensation received on a regular basis.

Annual Wages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bonuses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total current income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the statements above are true and complete to the best of my knowledge.

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

Signature Date Title

I hereby grant you permission to disclose my income to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in order that they may determine my income eligibility for rental of an apartment located in their development which has been financed by the Massachusetts Housing Finance Agency.

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

Signature Date

Please send to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

INCOME VERIFICATION

(for self-employed persons)

I hereby attach copies of my individual federal and state income tax returns for the immediately preceding calendar year for which such income tax returns could have been filed (or, if not filed, were not required to be filed), and certify that the information shown in such income tax returns is true and complete to the best of my knowledge and that any income tax returns not filed were not required to be filed.

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

Signature Date