

**FDIC
AFFORDABLE HOUSING PROGRAM
TENANT INCOME CERTIFICATION**

PART I: SUMMARY OF HOUSEHOLD INCOME DATA

1. Name (Last, First) A. B. C. D.	2. Household		3. Check one: <input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification
	A. Size	B. VLI _ LI _ OI _	

A. Assets:

Household Member	Asset Description	Total Cash Value	Income from Assets
A.			
4. Total Net Value of Assets		4. \$.....	
5. Total Actual Asset Income			5. \$.....
6. If line 4 is greater than \$5,000, multiply line 4 by passbook savings rate and enter result here; otherwise, leave blank. Passbook savings rate = _____%			6. \$.....

B. Anticipated Annual Income:

Household Member	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
A.					Enter the greater of lines 5 or 6 in box e.
B.					
C.					
D.					
7. Totals	a.	b.	c.	d.	e.

8. Enter total of items 7a. through 7e. This is <u>Annual Income</u>	8. \$.....
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PART II: TENANT CERTIFICATION

I/We certify that the information presented in Part I of this form is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information to FDIC and/or the agency designated to monitor AHP program compliance. I/We understand that this certification is a part of the application process and does not guarantee occupancy.

(SIGNATURE - HEAD OF HOUSEHOLD) DATE _____

(SIGNATURE - SPOUSE/CO-HEAD OF HOUSEHOLD) DATE _____

PART III OWNER/AGENT CERTIFICATION

Based on the income information provided by the household and verified by me or my authorized agent, I certify that the household identified above is a(n):

- Very Low-Income (VLI) Household based on the current applicable definitions published by the U.S. Department of Housing and Urban Development.
- Lower Income (LI) Household based on the current applicable definitions of a low-income household published by the U.S. Department of Housing and Urban Development, OR qualifies as a LI household because the household income upon recertification is not greater than 140 percent of the current applicable lower income limit.
- Over-Income (OI) Household which exceeds the income standards for low-income households published by the U.S. Department of Housing and Urban Development, AND whose income is greater than 140 percent of the current applicable lower income limit.

(OWNER/AUTHORIZED AGENT) DATE _____

PART IV: TO BE COMPLETED BY MANAGEMENT STAFF

Property:	Contract Rent: \$
Apt. #: # BR:	Prepared by:
Lease Date:	Applicable LI Limit:
Recertification Date:	Applicable VLI Limit:

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**FDIC
TENANT INCOME CERTIFICATION**

Instructions

GENERAL. This form is to be completed for all initial certifications and recertification of households who are designated to meet the Total and VLI Set-Asides for AHDP properties (VLI and LI tenants)

PART I. SUMMARY OF HOUSEHOLD INCOME DATA

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|-----------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <u>Item 1.</u> | Name | List all household members who will be occupying this unit. |
| <u>Item 2A.</u> | Household Size | Identify the total number of persons occupying the unit. |
| <u>Item 2B.</u> | Household Designation | Indicate the income category as designated in Part III: Very Low-Income (VLI); Lower Income (LI); or Over-Income (OI). |
| <u>Item 3.</u> | Certification/
Recertification | Check whether the action being processed is an initial certification or an annual recertification. |

A. Assets:

As prescribed in the Compliance Manual, verify and list the assets owned by this household. Indicate who owns the asset by listing the corresponding family member letter used in Item #1. Describe the asset; indicate the current market value; and estimate the income from the asset.

If the number of assets exceed the lines available, use additional sheets. Reference the additional sheets and include the totals for Cash Value and Income from Assets from these sheets as a single line.

- | | | |
|----------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Item 4.</u> | Total Net Family Assets | Enter the total cash value of all of the assets in this column. |
| <u>Item 5.</u> | Total Actual Asset
Income | Provide the total actual income anticipated from the assets listed. |
| <u>Item 6.</u> | Imputed Income From
Assets | If the total in item 4 exceeds \$5,000, multiply line 4 by the HUD approved passbook savings rate. To obtain up-to-date information on the passbook rate in use, contact the monitoring agency. |

B. Anticipated Annual Income

As prescribed in the Compliance Manual, verify and list the gross amount of income anticipated by this household. Indicate who will be receiving this income by listing the corresponding family member letter used in Item #1 and indicate the gross amount in the appropriate column.

If the number of household members with income exceeds the lines available, use additional sheets. Reference the additional sheets and include the totals for each type of income on the open line.

Item 7. Total income, a - e

Line 7, a - e, enter total income by source, including assets.

Item 8. Annual income

This is the total annual income of this household. Compare to the applicable AHP income limits to determine eligibility.

PART II TENANT CERTIFICATION

The adult family members must sign Part II certifying the accuracy and completeness of the information provided in Part I of this form.

PART III OWNER/AGENT CERTIFICATION

Indicate the appropriate income designation (e.g., Very Low-Income; Lower Income; or Over-Income (for recertified tenants only, income exceeding 140% of lower income limits). Agents must sign and date the certification.

PART IV ADDITIONAL INFORMATION

Fill in the appropriate information.