

FDIC AFFORDABLE HOUSING DISPOSITION PROGRAM
Monitoring Agency: Phoenix Revitalization Corporation

TENANT INCOME CERTIFICATION

Initial Certification

Recertification

Effective Date:

Move-in Date:

PART I. DEVELOPMENT DATA				
Property Name:		County:		
Address:		Unit Number:	Bedrooms #:	
PART II. HOUSEHOLD COMPOSITION				
HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)
1			HEAD	
2				
3				
4				
5				
6				
7				
PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)				
HH Mbr #	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income
TOTALS				
[Add totals from (A) through (D) above] TOTAL INCOME (E)				
PART IV. INCOME FROM ASSETS – IF OVER \$5,000.00				
HH Mbr #	(F) Type of Asset	(G) C/I	(H) Cash Value of Assets	(I) Annual Income from Asset
TOTALS				
Enter Column (H) Total <u>If over \$5000</u> \$ ____X____ (Passbook Rate) =			IMPUTED INCOME (J)	
Enter the greater of the total of column I or J: Imputed income			TOTAL INCOME FROM ASSETS (K)	
[Add (E) + (K)] TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES (L)				
HOUSEHOLD CERTIFICATION & SIGNATURES				

The information on this form will be used to determine maximum income eligibility. I/We have provided for each person set forth in Part II acceptable verifications of current anticipated annual income. I/We agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/We agree to notify the landlord immediately upon any member becoming a full time student. Under penalties of perjury, I/We certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes and act of fraud. False misleading or incomplete information may result in the termination of the lease agreement.

***Must be signed by anyone in the unit who is 18 years or older**

Signature	Date	Signature	Date
Signature	Date	Signature	Date

PART V. DETERMINATION OF INCOME ELIGIBILITY		UNIT:
TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES:		
MAXIMUM AHDP ANNUAL ELIGIBLE INCOME:		
INCOME LIMIT USED: YEAR: _____ <input type="checkbox"/> VLI OR <input type="checkbox"/> LI <input type="checkbox"/> OI		
PART VI. RENT		
MAXIMUM AHDP RENT LIMIT:		
RENT LIMIT USED: YEAR: _____ <input type="checkbox"/> VLI OR <input type="checkbox"/> LI		
YOU MUST ATTACH THE ONE PAGE OF THE LEASE THAT INCLUDES: Name, Unit #, Base Rent and other charges for our review		
PART VII. AHDP PROGRAM DESIGNATION TYPE		
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):		
<input type="checkbox"/> 1 - 50% Median – Very Low Income <input type="checkbox"/> 2 - 80% Median – Low Income <input type="checkbox"/> Over Income – Upon recertification, household was determined over-income (OI) according to eligibility requirements of the program(s) marked above.		
SIGNATURES OF OWNER/REPRESENTATIVE		

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of Section 42 of the Internal Revenue Code, as amended, and the Land Use Restriction Agreement (if Applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/REPRESENTATIVE

DATE

PROPERTY NAME