

FDIC AFFORDABLE HOUSING DISPOSITION PROGRAM
Monitoring Agency: Phoenix Revitalization Corporation

PART A - COMPLIANCE REPORT SUMMARY

Period Begin Date: _____

Period End Date: _____

Property Name: _____

Street Address: _____

City, State, Zip: _____

Owner: _____

Phone: _____

(area)

Manager/Contact: _____

Phone: _____

(area)

PROPERTY SUMMARY					
UNIT TYPE	Number of Units				
	Occupied	Vacant	Over Income	Total	Required
1. Lower Income - QUs					
2. Very Low-Income - QUs					
3. Total Qualifying Units					
4. Unrestricted Units					
5. TOTAL ALL UNITS					
Percent					

I/We (owner) relied in good faith upon information supplied by the occupants and verified the information provided. I/We certify that data presented in this report is accurate to the best of our knowledge.

ORIGINAL SIGNATURE REQUIRED / ELECTRONIC SIGNATURE NOT ACCEPTED

Signature (Preparer)

Date

Signature (Managing Owner)

Date