

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:	Unit#:
Address:	County: Bedrooms #:

PART II. HOUSEHOLD COMPOSITION

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	18 years old or older at the time of Application (Select)
1			HEAD	Y N
2				Y N
3				Y N
4				Y N
5				Y N
6				Y N
7				Y N

PART III. GROSS ANNUAL HOUSEHOLD INCOME FROM ALL TENANTS 18 YEARS & OLDER

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 – ONLY 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___ (Current 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. 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 an act of fraud. False misleading or incomplete information may result in the termination of the lease agreement.

MUST BE SIGNED BY ANYONE IN HOUSEHOLD WHO IS 18 YEARS OR OLDER
ORIGINAL SIGNATURES REQUIRED / ELECTRONIC SIGNATURES NOT ACCEPTED

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

UNIT # _____

INCOME LIMITS & RENT CALCULATIONS FORM USED:

Use correct form based on TIC effective date.

YEAR: _____

PART V. DETERMINATION OF INCOME ELIGIBILITY

A. TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES (L):

\$ _____

B. AHDP ANNUAL ELIGIBLE INCOME FOR DESIGNATION:

\$ _____

PART VI. RENT

A. AHDP RENT LIMIT FOR DESIGNATION & NUMBER OF BEDROOMS:

\$ _____

B. CURRENT LEASE MUST BE ATTACHED

You must attach the page/s of lease that includes:

Name of Tenant/s, Unit #, Date of Lease, Base Rent, & Other Charges included in Gross Rent for review.

C. RENTAL ASSISTANCE

Current verification of rental assistance must be attached. (If Applicable)

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):

- 1 - 50% Median – Very Low Income
- 2 - 80% Median – Low Income
- 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 the Land Use Restriction Agreement (LURA) to live in a unit in this Program.

ORIGINAL SIGNATURE REQUIRED / ELECTRONIC SIGNATURE NOT ACCEPTED

SIGNATURE OF OWNER/AUTHORIZED AGENT

DATE

PROPERTY NAME