FDIC AFFORDABLE HOUSING PROGRAM TENANT INCOME CERTIFICATION

| TIC Effective Date | |
|--|--|
| Initial Eligibility/Certification Date | |
| Move-In Date | |

PART I: SUMMARY OF HOUSEHOLD INCOME DATA

| 1. Name (La | ast, First) | Relationship to HOH | Date of Birth (MM/DD/YY) | SSN | 2. Household | Size | 3. Check one: |
|---|-------------|------------------------|-----------------------------|-----|------------------|-------|-------------------------|
| A. | | | | | | | ☐ Initial Certification |
| B. | | | | | A. Unit Size | C. | Recertification |
| C. | | | | | B. Unit No. | □LI | Other |
| E. | | | | | | ☐ OI | |
| A. ASSE | A. ASSETS: | | | | | | |
| HH Mbr No. | | Asset Description | | | Total Cash Value | | Income from Assets |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 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:

| HH Mbr No. | a. Wages/Salaries | b. Benefits/Pensions | c. Public Assistance | d. Other Income | e. Asset Income | |
|--|-------------------|----------------------|----------------------|-----------------|---|--|
| | | | | | | |
| | | | | | Fatantha mastan of | |
| | | | | | Enter the greater of lines 5 or 6 in box e. | |
| | | | | | | |
| | | | | | | |
| 7. Total | a. | b. | c. | d. | е. | |
| | | | | | | |
| 8. Enter total of items 7a through 7e. This is the Annual Income | | | | | 8. \$ | |

| Unit Number | | |
|--------------------|--|--|
| Certification Date | | |

PART II: TENANT CERTIFICATION

Applicable Rent Limit:

Next Recertification Date:

Current Lease Date:

| of my/ and/or | ertify that the information presented is four knowledge and belief. I/We conthe agency designated to monitor Al eation is a part of the application process. | sent to the disc HP program cor | losure of such information to FDIC npliance. I/We understand that this | | |
|--|--|------------------------------------|--|--|--|
| (SIGN | ATURE – HEAD OF HOUSEHOLD) | | DATE | | |
| (SIGN | ATURE – SPOUSE/CO-HEAD OF H | , | DATE | | |
| | on the income information provide ized agent, I certify that the household | • | · · · · · · · · · · · · · · · · · · · | | |
| | 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 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. | | | | |
| (OWN | ER/AUTHORIZED AGENT) | | DATE | | |
| PART IV: TO BE COMPLETED BY MANAGEMENT STAFF | | | | | |
| Property: | | Tenant Paid Rent: | | | |

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.

Rent Assistance:

Applicable LI Income Limit:

Applicable VLI Income Limit: