

**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. Very Low Income - QUs					
2. 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