

**FDIC AFFORDABLE HOUSING DISPOSITION PROGRAM
Monitoring Agency: Phoenix Revitalization Corporation**

TENANT INCOME CERTIFICATION

PART I. CERTIFICATION STATUS

Select One:	Effective Date: _____
Initial Certification	Next Recertification Date: _____
Recertification	Initial Move-in Date: _____

PART II. DEVELOPMENT DATA

Property Name: _____	Unit #: _____
Address: _____	County: _____ Bedrooms #: _____

PART III. HOUSEHOLD COMPOSITION

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

PART IV. TOTAL GROSS ANNUAL HOUSEHOLD INCOME

HH Mbr #	(A) Employment or Wages/Salaries	(B) Soc. Security/Pensions/Benefits	(C) Public Assistance	(D) Other Income
TOTALS				
[Add totals from (A) through (D) above] TOTAL INCOME (E)				

PART V. 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				
If over \$5000 Multiply Column (H) Total by Current Passbook Rate ____% = IMPUTED INCOME (J)				
Enter the greater of the total of column I or J TOTAL INCOME FROM ASSETS (K)				
[Add (E) + (K)] TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES (L)				

PART VI. 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 EVERYONE IN HOUSEHOLD WHO IS 18 YEARS OLD OR OLDER
ORIGINAL SIGNATURE REQUIRED. ELECTRONIC SIGNATURE NOT ACCEPTED**

Adult Household Member	Date	Adult Household Member	Date
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Adult Household Member	Date	Adult Household Member	Date
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PART VII. INCOME LIMITS & RENT CALCULATIONS		
A. List the year of the Income Limits and Rent Calculation form used.	YEAR:	
PART VIII. DETERMINATION OF INCOME ELIGIBILITY		
A. Total Annual Household Income from All Sources (L):		
B. AHDP Annual Income Limit for Designation:		
PART IX. RENT		
A. AHDP Rent Limit for Designation & Number of Bedrooms:		
B. Current Lease Must Be Attached		
C. Rental Assistance Verification Must Be Attached (If Applicable)		
PART X. 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.		
PART XI. REQUIRED ATTACHMENTS <u>ALL DOCUMENTS LISTED MUST BE SUBMITTED FOR THE TIC TO BE COMPLETE</u>		
Income Verification – For everyone in household 18 years old and older. Must be dated within 90 days of tenant signature. Ex: Min. 2 Paystubs, SSI/SSA Award Letters.		
Lease Addendum – Must be signed and dated by everyone in the household 18 years old and older.		
Tenant Release and Consent – Must be signed and dated by everyone in the household 18 years old and older.		
Copy of Current Lease – The page/s of lease that includes; Name of tenant, unit #, date of lease, base rent and other charges included in gross rent.		
Copy of Rental Assistance Verification - Current verification of rental assistance. If applicable.		
PART XII. SIGNATURES OF OWNER/AUTHORIZED AGENT		
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	Unit Number

INSTRUCTIONS	
PART I.	Select initial or recertification. Enter Effective Date, Enter Next Recertification Date (12 months from the Effective Date entered) Enter Initial Move in Date.
PART II.	Enter the property and unit information.
PART III.	List full name of all the household members. Select Yes or No if tenant was 18 years old or older at the time of application.
PART IV.	List all income received for all tenants 18 years and older.
PART V.	Complete this section if total assets are over \$5,000 only.
PART VI.	All adult household members 18 years old and older must sign and date.
PART VII.	A. Make sure to use the correct Income and Rent Limits form based on the Effective date of the form and Effective date of TIC. Enter the year of form used.
PART VIII.	A. Enter the amount listed on page one, section L. B. Enter the income limit for the designation listed on Income limit and Rent Calculations form.
PART IX.	A. Enter the rent limit for the unit designation listed on the Income Limit and Rent Calculations form.
PART X.	Select the designation the household qualifies for.
PART XI.	Required Attachments – All documents listed must be submitted for the TIC to be complete.
PART XII.	Owner or authorized agent must sign and date.
Reminder	Owner must maintain tenant files for three years after tenant moves out.