[Management Agent Letterhead]

EMPLOYMENT VERIFICATION

To:				Date:
			has applie	ed for residency/ is a
	tion of his/h and conse	er employr	As par ment and an	rt of our processing, it is ticipated GROSS annual
Please complete the sec stamped envelope. (Please mail you in advance for your prompt at	rather than			
			Sincerely,	
THE FOLLOWING TO BE COMPI	LETED BY E	MPLOYER		artment Manager)
Anticipated Gross Income for the	ne Next Twe	lve Months		
Hourly \$ No. of hours per week			Weekly	\$
Bi-weekly \$			Monthly	\$
Overtime: Average per \$	Day	\$ Week		\$ Month
Tips, Commissions, Bonuses: Average per \$		\$		\$
\$ Year	Day	Week		Month

overtime if applicable)	the next twelve months (including tips, bonuses or
\$	
Employer's Signature	Date
	()
Title	Telephone

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.

[Management Agent Letterhead]

ASSET VERIFICATION

Name and Address of Bank:			
RE:Applicant/Tenant	Name	SSN:	
Applicant/Tenant Address	s C	City, State	Zip Code
related to eligibility. The information you provide	e require verification of the individual has authorize will be used only for the ired to complete our ve	ne household's income, end below your release of the purpose of determining the purpose of determining the purpose in a	xpenses and other information the required information. The g the household's eligibility for short time period and would
Permission by:(Applicant)		(Date)
			addressed stamped envelope. rou in advance for your prompt
		Sincerely,	
		(Apartmer	nt Manager)
TO BE COMPLETED BY	INSTITUTION		
	CHECKII	NG ACCOUNT	
Account Number(s)	Average 6 Month \$% \$% \$% \$%	Balance(s) Interest R	ate, If Any

SAVINGS ACCOUNT

Present Account Account Number(s) Balance(s) Rate \$ \$ \$ \$ CERTIFICA	%
Present Account Account Number(s) Balance(s) Rate \$ \$ \$ \$ \$ \$ \$ \$	Annual Interest Withdrawal Penalty — % — % — %
<u>]</u>	<u>TRUST</u>
Value of Trust Fund Administered: Anticipated Amount of Income to be earned by Trust over next 12 months:	\$ \$
<u>PR</u>	<u>OPERTY</u>
Value of Equity in Real Property	\$
I certify that the above information is true and cor	rect.
Name of Official	Title of Official
Name of Institution	Signature
Address	Date
City, State, Zip Code	Telephone Number

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TENANT INCOME VERIFICATION FORM

Documentation of Telephone Verification

Tenant Name: Address:				Date:		
			This	has applied fo	r residency/is a ı ts employer's vei	resident at rification of his/her
employment an	d gross annual	income.				
INCOME REPO	ORT BY:					
Anticipated	d Gross Income	e for the Next	Twelve Mor	<u>nths</u>		
Hourly No. of hour	\$s per week	_		Week	ly \$	
Bi-weekly	\$	_		Month	ly \$	
Overtime:	Average per	\$ Day	\$ Wee	\$ ek	Month	
	nissions, Bonus Averaç	es: ge per \$		\$	\$	
\$ Year		Day		Week	Мо	onth
				- or -		
Total ar if applic		annual income	for the nex	t twelve months	(including tips, b	onuses or overtime
\$		·				
	Name of Emple	oyer			Date and Time	
				()	_ <u>_</u>	
	Contact Persor	1			Telephone	
	Title	 		Management S	Staff (Signature)	_

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FDIC AFFORDABLE HOUSING PROGRAM TENANT INCOME CERTIFICATION

PART I: SUMMARY OF HOUSEHOLD INCOME DATA

1. Name (Last, First)A.B.			2. Household		3. Check one: _Initial Certification _Recertification	
C.				A. Size	B. VLI _ LI _	
D.					OI _	
A. Assets:						
Household Member		Asset Description		Total Cash Value		Income from Assets
A.						
4. Total Net	Value of Assets			4. \$		
5. Total Act	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. Anticipat	ted Annual Income) :				
Household Member	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Oth	ner Income	e. Asset Income
A.						
						Enter the greater of lines 5 or 6 in box e.
B.						
C.						
D.						
7. Totals	a.	b.	C.	d.		e.
	•	•	•	•		_
	al of items 7a. throu	gh 7e.				8. \$

PART II: TENANT CERTIFICATION

I/We certify that the information presented in Part I of this form is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information to FDIC and/or the agency designated to monitor AHP program compliance. I/We understand that this certification is a part of the application process and does not guarantee occupancy.

(SIGNATURE - HEAD OF HOUSEHOLD)	DATE	
(SIGNATURE - SPOUSE/CO-HEAD OF HOUSEHOLD)	DATE _	
DART III OWNER/AGENT CERTIFICATION		

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):

- 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 applicable 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.

(OWNER/AUTHORIZED AGENT)	DATE	

PART IV: TO BE COMPLETED BY MANAGEMENT STAFF

Property:	Contract Rent: \$
Apt. #: # BR:	Prepared by:
Lease Date:	Applicable LI Limit:
Recertification Date:	Applicable VLI Limit:

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