[Management Agent Letterhead]

EMPLOYMENT VERIFICATION

To:		Date:
resident at	his/her employment consent form autho	and anticipated GROSS annual
Please complete the section b stamped envelope. (Please mail rather you in advance for your prompt attention	than have the above	in the enclosed self-addressed e individual hand deliver.) Thank
	Sir	ncerely,
THE FOLLOWING TO BE COMPLETED Anticipated Gross Income for the Nex		(Apartment Manager)
Hourly \$		eekly \$
No. of hours per week	vve	Φ
Bi-weekly \$	Мс	onthly \$
Overtime: Average per \$ Day	\$ Week	\$ Month
Tips, Commissions, Bonuses: Average per \$ \$ Day Year	\$ Week	\$ Month

- or -

Total anticipated gross annual income for the next twelve months (including tips, bonuses or overtime if applicable)

\$_

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 a Addres	and s of Bank:		
RE:	Applicant/Tenant Name		
Applica	nt/Tenant Address	City, State	Zip Code
part of related informatenancy	our processing we requi to eligibility. The individ ation you provide will be y. We are required to	dual has authorized below your used only for the purpose of complete our verification pro-	. As a income, expenses and other information release of the required information. The determining the household's eligibility for cess in a short time period and would lease feel free to contact our office.
Permis	sion by:(Applica	ant)	(Date)
	e mail rather than have th		osed self-addressed stamped envelope. .) Thank you in advance for your prompt
			Sincerely,
			(Apartment Manager)
<u>TO BE</u>	COMPLETED BY INST	TUTION	
		CHECKING ACCOUN	Γ
	ount Number(s) % %	Average 6 Month Balance(s) \$ \$ \$ \$	Interest Rate, If Any

SAVINGS ACCOUNT

Account Number(s) Bala	Present Account ance(s) Rate \$ \$ \$ \$	Annual Interest Withdrawal <u>Penalty</u> <u> %</u> <u> %</u> <u> %</u>	
	CERTIFICATE	OF DEPOSIT	
Account Number(s) Bala	Present Account ance(s) Rate \$ \$ \$	<u>Penalty</u> %%	
	TRU	ST	
Value of Trust Fund Admini Anticipated Amount of Inco Trust over next 12 months:		\$\$	
	PROPE	ERTY	
Value of Equity in Real Pro	perty	\$	
I certify that the above informa	tion is true and correct		
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

		Documen	tation of Telep	hone Verification	on	
Tenant Name: Address:				e:		
employment ar	nd gross annua	l income.	has This form	applied for resid documents emp	lency/is a resido bloyer's verificat	ent at ion of his/he
INCOME REPO						
Anticipate	d Gross Incom	e for the Next 7	Twelve Months			
Hourly No. of hou	\$ rs per week			Weekly	\$	
Bi-weekly	\$			Monthly	\$	
Overtime:	Average per	\$ Day	\$ Week	\$ M	onth	
-	missions, Bonus Avera	ses: ge per \$	\$		\$	
\$ Year		Day		Veek	Month	
			- or	-		
if applie			for the next twe	ve months (inclu	ding tips, bonus	es or overtim
	Name of Empl	oyer		Date	e and Time	
	Contact Perso	n	()Tele	ephone	
	Title		Mar	nagement Staff (S	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. C. D.	2. Housel	nold	3. Check one: _Initial Certification _Recertification
		A. Size	B. VLI _ LI _ OI _	

A. Assets:

Household Member	Asset Description	Total Cash Value	Income from Assets		
A.					
4. Total Net	Value of Assets	4. \$			
5. Total Actu	tual Asset Income 5. \$				
here; othe	ne 4 is greater than \$5,000, multiply line 4 by passbook savings rate and enter result e; otherwise, leave blank. ssbook savings rate =% 6. \$				

B. Anticipated Annual Income:

Household Member	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
Α.					
					Enter the greater of lines 5 or 6 in box e.
В.					
C.					
D.					
7. Totals	a.	b.	С.	d.	e.

8.	Enter total of items 7a. through 7e.	
	This is Annual Income	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	

PART III OWNER/AGENT CERTIFICATION

(SIGNATURE - SPOUSE/CO-HEAD OF HOUSEHOLD)

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):

DATE

- 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, <u>OR</u> 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, <u>AND</u> 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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