Certification of Household Income Eligibility



of

(This form should be completed by the Sponsor for the Hundred Homes Initiative.)

Sponsor's Name: _					
Name of Homeowr	ner(s):				
Subject Property A	ddress:				
City		State		Zip code	
County			Pho	one	
Below, list each p	erson living at the	address above, in	dicate that person's fu	ll name, age, race and	d gender as of the date
application, and inc	dicate that person's	annual gross incom	ne. (Instructions are in	cluded on the following	g page.)
Name	Age	Race	Gender	Doc Type	Income
Name	Age	Race	Gender	Doc Type	Income
Name	Age	Race	Gender	Doc Type	Income
Name	Age	Race	Gender	Doc Type	Income
Name	Age	Race	Gender	Doc Type	Income
Name	Age	Race	Gender	Doc Type	Income
Name	Age	Race	Gender	Doc Type	Income
Fotal Number of l	Persons in Househ	old	Total Hous	ehold Income	
MDD Income I	imit for County (ho	and on household s	ize) \$		
	• `		,		
Total Household	d Income as a Perce	ent of MRB Income	Limit	%	
If the income is	greater than 120 p	•	limit for the County, the s Initiative (HHI).	e household is not eligi	ble for the Hundred.
Based on the int Initiative.	formation above, I	certify that this hou	sehold is income eligib	le for participation in t	he Hundred Homes
Member or Spo	nsorName of Con	tact (Printed)			
S					

Instructions for Determining Household Income

Defining the Household

All persons living in the house should be listed on the "Certification of Household Income Eligibility" (attach additional pages if necessary). Use the best applicable selections from the dropdown menu to enter the "Race" and "Gender" information.

Determining Income

All income for all individuals age 18 and over must be shown. Also include any benefit income received on behalf of a minor child (i.e., SS/SSI, Child Support, etc.) *If an individual is under age 18 and/or if an individual receives no income, income should be shown as "0."*

Use abbreviations in the dropdown menu to enter the "Doc Type." Documentation must be dated the current year. Section VII of the FHLB's Determining Income Eligibility provides guidance on calculating total household income using the following acceptable documents:

PAY- Two most recent consecutive pay stubs

VOE- Verification of Employment

SS/SSI/VA- Social Security, Supplemental Security Income or Veterans Administration benefits award letter or payment history from the Social Security Administration or other government/authorizing agency

TAX- Two years' most recent complete, signed federal tax returns

W2- Previous years' W-2s

ANNY/PEN- Annuity or pension award letter or two consecutive bank statements verifying payments received from annuities, pensions, insurance policies, assets, etc.

AL/CS- Alimony or child support agency printout, case documents, court order, divorce decree, or notarized statement from payer to payee

RENT- Copy of appraisal or current lease for any rental property owned

UNEMP/COMP- Benefit notification letter from authorizing agency for unemployment compensation, worker's compensation, or disability income (other than SSI)

After all persons and incomes have been entered, add the incomes for all persons and show that amount as "Total Household Income."

Determining Household Income Eligibility

The MRB Income Limits for each county in KY, OH, and TN are posted on the FHLB Cincinnati's website. Separate income limits apply to households of "1 - 2 persons" versus households of "3 + persons."

Enter the appropriate "MRB Income Limit" based on the state and county of residence and household size.

Divide the "Total Household Income" by the "MRB Income Limit" to determine the percentage. If the percentage calculated is greater than 120.00 percent, the household is not eligible for the HHI program.

Total Household Income	
MRB Income Limit =	Percentage (if greater than 1.2, household is not eligible for HHI)