

Certification of Household Income Eligibility



(This form should be completed by the Sponsor for the Carol M. Peterson Housing Fund Program)

Sponsor's Name: _____

Name of Homeowner(s): _____

Subject Property Address: _____

City _____ State _____ Zip code _____

County _____ Phone _____

Below, list each person living at the address above, indicate that person's full name, age, race and gender as of the date of application, and indicate that person's annual gross income. *(Instructions are included on the following page.)*

Name _____ Age _____ Race _____ Gender _____ Doc Type _____ Income _____

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Total Number of Persons in Household _____ **Total Household Income** _____

MRB Income Limit for County (based on household size) \$ _____

Total Household Income as a Percent of MRB Income Limit _____ %

If the income is greater than 60 percent of the MRB limit for the County, the household is not eligible for the Carol M. Peterson Housing Fund (CMPHF).

Based on the information above, I certify that this household is income eligible for participation in the Carol M. Peterson Housing Fund.

Member or Sponsor _____
Name of Contact (Printed)

Signature of Contact _____ Date _____

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 60.00 percent, the household is not eligible for the CMPHF program.

Total Household Income		
MRB Income Limit	=	Percentage (if greater than 0.60, household is not eligible for CMPHF)