

# Welcome Home Program (WHP) Determining Income



Presented by Jasmine Grant

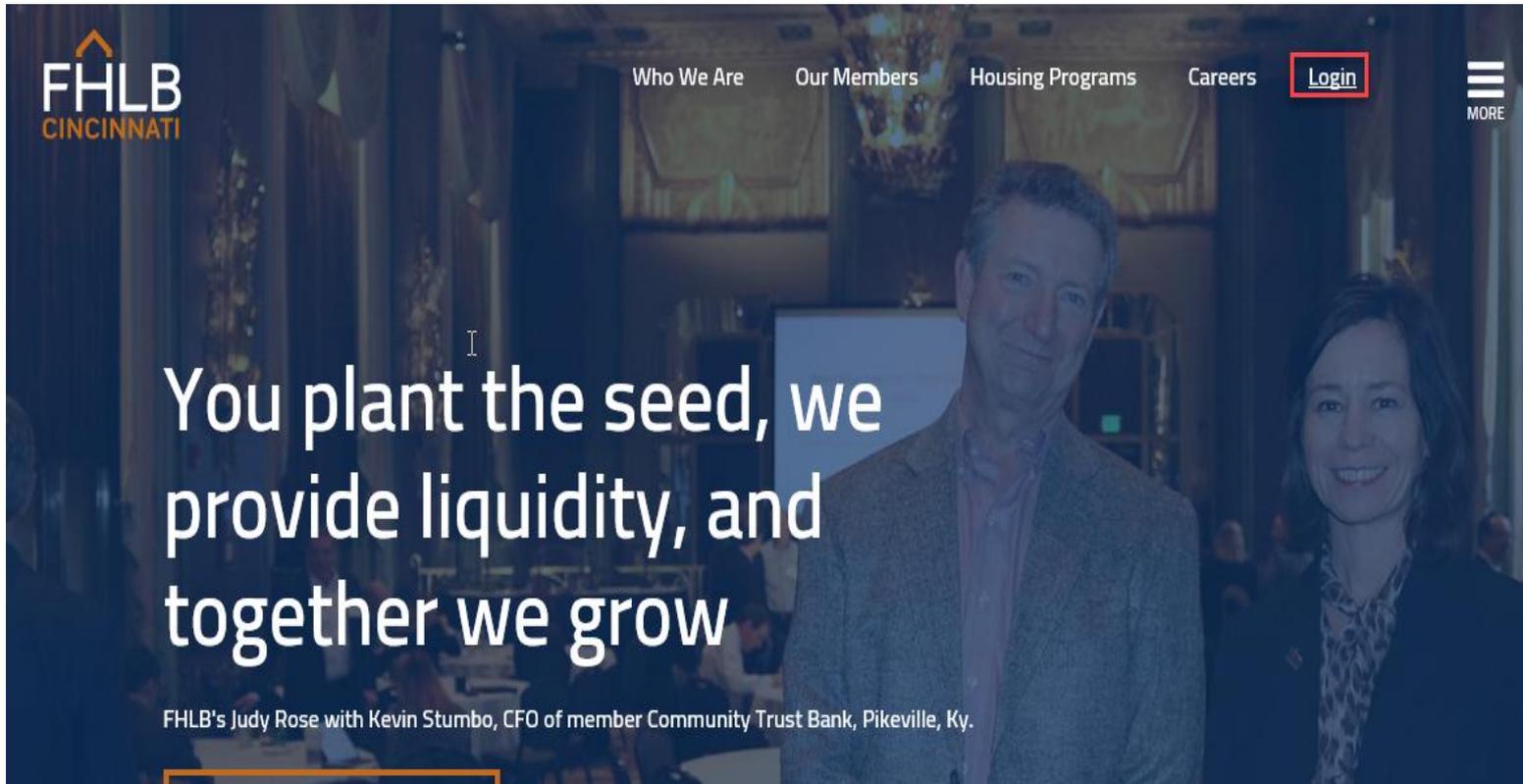
*This presentation may contain forward-looking statements that are subject to risks and uncertainties including, but not limited to, the effects of economic market conditions on demand for the FHLB's products, legislative or regulatory developments concerning the FHLB System, competitive forces and other risks detailed from time to time in the FHLB's filings with the Securities and Exchange Commission. The forward-looking statements speak as of the date made and are not guarantees of future performance. Actual results or developments may differ materially from the expectations expressed or implied in the forward-looking statements, and the FHLB undertakes no obligation to update any such statements.*

# Determining Income Agenda

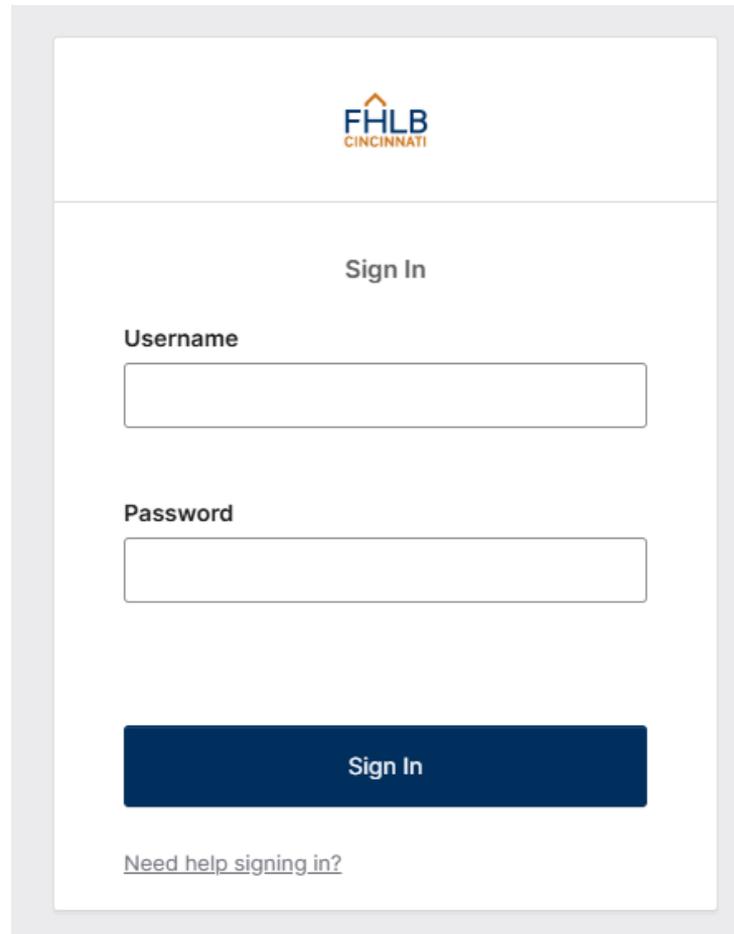
- ◆ Updated Information on the Website
- ◆ Determining Income
- ◆ What is Household Income?
- ◆ Whose Income Should be Included?
- ◆ Common Sources of Income
- ◆ Annual Income (Inclusions and Exclusions)
- ◆ Income Documentation?
- ◆ Calculating Income & Examples
- ◆ Contact Information

# Updated Information on the Website

# www.fhlbcin.com



# Members Only Login



The screenshot shows a login interface for FHLB Cincinnati. At the top center is the FHLB CINCINNATI logo. Below the logo is the text "Sign In". There are two input fields: "Username" and "Password". Below the "Password" field is a dark blue button with the text "Sign In". At the bottom left of the form area is a link that says "Need help signing in?".

# Members Only

FHLB CINCINNATI Members Only Rates Reports Inbox (92) Search FHLB Pendleton, Jodi M.

Borrow Deposits Safekeeping Funds Transfer Stock **Housing** MPP/LAS

DDA

Umbraco Preview

Judy Rose VP, Marketing Is there anything my team can help with today? (513) 852-5511 [Email](#)

### Balances

As of 1/28/2026, 10:05 p.m. (ET)

Advances	--	Safekeeping	
Letters of Credit	--	Capital Stock	

### Deposits

Intraday 1/29/2026 [View transactions](#)

Demand	
Overnight	--

### Rates

As of 1/28/2026, 12:38 p.m. (ET) [Customize rates](#) | [Daily rates notifications](#) | [View all](#)

<b>3.81%</b> CMA Variable Six day average: 3.77% Monthly average: 3.92% <a href="#">Get this Advance</a>	<b>4.35%</b> Balloon (BPA): 15/10 Six day average: 4.37% Monthly average: 4.29% <a href="#">Get this Advance</a>	<b>3.75%</b> Regular Fixed Rate: 10 month Six day average: 3.76% Monthly average: 3.77% <a href="#">Get this Advance</a>
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[Borrowing Capacity](#) 1/28/2026, 10:05 p.m. (ET) | [Additional Borrowing Capacity](#) | [Stock Capacity](#)

Reports [View all reports](#) My Events [View all events](#)

# New Look Reservation & Funding Request Pages

# Members Only

DDA

Umbraco Preview

 **Damon V. Allen**  
SVP, Housing and Community Investment Officer

What can my team help with today? (888) 345-2246 [Email](#)

## Housing and Community Investment

**Online Applications**

- Welcome Home Program
- Suspension and Debarment

### Housing Applications

Easier Welcome Home requests are here  
We've revamped the way our Members apply for the Welcome Home Program. Submit a reservation or funding request in just a few minutes. [Go to Reservation and Funding Requests](#)

**AHP Online Application System (OASYS):**  
<https://oasys.userextranetweb.net/#/>  
Closed

**Hundred Homes:**  
<https://uathsgofrms.userextranetweb.net/hhi>  
Open

**Carol M. Peterson Housing Fund:**  
<https://uathsgofrms.userextranetweb.net/cmphf>  
Opens February 1, 2026

**Disaster Reconstruction Program:**  
<https://uathsgofrms.userextranetweb.net/drp>  
Open

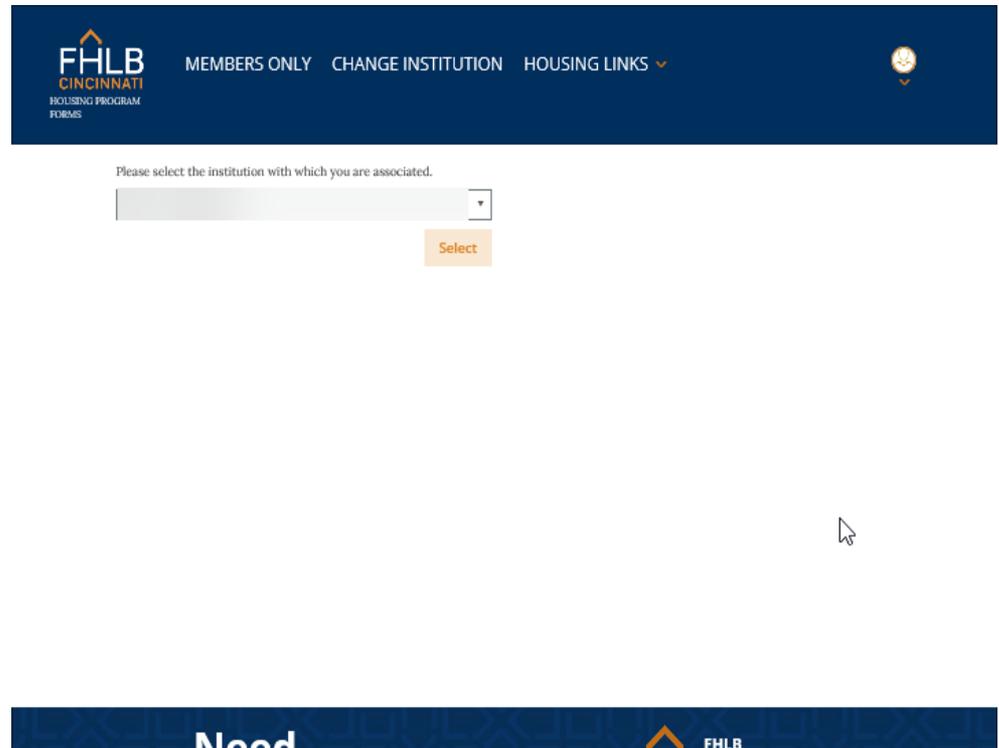
**Community Investment Program:**  
<https://uathsgofrms.userextranetweb.net/cip>  
Open

**Economic Development Program:**  
<https://uathsgofrms.userextranetweb.net/ede>  
Open

**Zero Interest Fund:**  
<https://uathsgofrms.userextranetweb.net/zif>

# Identify Your Institution

- ◆ Select your institution name from the list, if applicable.
- ◆ ALWAYS choose your home office DDA, if there is more than one option for your institution.



The screenshot shows the top navigation bar of the FHLB Cincinnati Housing Program Forms website. The navigation bar is dark blue and contains the FHLB Cincinnati logo on the left, followed by the text "MEMBERS ONLY", "CHANGE INSTITUTION", and "HOUSING LINKS" with a dropdown arrow. On the right side of the navigation bar is a user profile icon. Below the navigation bar, there is a prompt that says "Please select the institution with which you are associated." followed by a dropdown menu and a "Select" button. The bottom of the screenshot shows a dark blue footer bar with the word "Need" and the FHLB Cincinnati logo.

# Welcome Home Program Landing Page



Damon V. Allen  
SVP, Housing and Community Investment Officer

What can my team help with today?

(888) 345-2246

Email

## Housing and Community Investment

Online Applications

Welcome Home Program

Suspension and Debarment

### Welcome Home Program

New Reservation Request

New Request for Payment

\$23,779,908 remaining in program fund\* \$262,432 remaining in member limit\*

#### Reservation Requests

	Program	Borrower	Submission Date	Submitted By	Status
<a href="#">View</a>	Welcome Home Program	Luke Skywalker	3/11/2026 10:54:35 AM	grantjp@USEREXTRANET....	Prelim Approval
<a href="#">View</a>	Welcome Home Program	Annakin Skywalker	3/17/2026 01:17:01 PM	grantjp@USEREXTRANET....	Prelim Review

#### Requests for Payment of Reserved Funding

	Program	Borrower	Submission Date	Submitted By	Status
<p>There are no requests for payment associated with your account. You will be able to request funds once a reservation request is approved.</p>					

# Determining Income

# Determining Income Basics

- ◆ No changes to the methods used to calculate income to qualify for the Welcome Home Program.

## The Income Eligibility Guide

- ◆ Basic principles for determining household income eligibility.
- ◆ Important due to differences in what FHLB Cincinnati includes or excludes when determining household size and income.

# Income Eligibility Guide

Important items to remember when determining household size and calculating income:

- ◆ Foster children residing in the home at the time of application **are** included in the household count.
- ◆ **Do not count any** of the earned income of any full time student unless they are the Head of Household, Spouse, Partner or Co-Borrower.
- ◆ Count income from assets if they are **the only source of income** or **generating regular payments** to the household.  
NOTE: This also applies to Digital Age Assets (e.g., Crowdfunding, Cryptocurrency, etc.)
- ◆ Depreciation **added to** adjusted income for self-employment income calculation.

# What is Household Income?

- ◆ “Household” size equals number of people (related or unrelated) residing in the Welcome Home Program assisted unit.
- ◆ Household Income  $\leq$  80% of the Mortgage Revenue Bond (MRB) limit.
- ◆ MRB limits are set by the appropriate State Housing Finance Agencies.

*The 2026 AHP Implementation Plan contains detailed Definitions for the Welcome Home Program.*

# What is Household Income?

- ◆ “Household income” equals annual earned revenue of all unit occupants aged 18 and over.
- ◆ Unearned income is counted for all occupants, regardless of age.

**“Earned” income is payment received for work that you actively do or you own/run a business/farm.**

**“Unearned” income is payment that you do not have to currently or actively work to receive.**

# Common Sources of Income

- ◆ Earned (Active) – Wages (salaries, tips, over-time, shift differential, fringe benefits, bonuses, commissions, etc.)
- ◆ Investment/Portfolio – Interest and Dividends
- ◆ Net earnings from self-employment (Business, Gig work, content creation, digital products/services, etc.)
- ◆ Retirement/Government: Social Security, Supplemental Security, pension, 401(k), IRAs, unemployment compensation, etc.
- ◆ Rental Income
- ◆ Alimony/Child Support

# Whose Income Should be Included

- ◆ Income for co-borrowers, co-habitant partners/spouses must be included in household income, even if they are not included on the homebuyer application, mortgage or note.
- ◆ Income from temporarily absent family members such as active-duty military must be counted if that person intends to reside in the home.

# Whose Income Should NOT be Included

- ◆ Married individuals are not required to include their spouse's income if a legal separation is documented (court record) or if a written statement is provided by the absent spouse explaining that they will not be an occupant. However, any financial support provided by the separated spouse to the qualifying household should be included as part of the household income.
- ◆ *Transactions involving non-occupant co-signors, guarantors, or other non-occupying co-borrowers are not eligible for WHP grant funds.*

# Income Inclusions

- ◆ Full amount, before payroll deductions, of wages, salaries, overtime pay, commissions, fees, tips, bonuses and other compensation for personal services.
- ◆ Net income from the operation of a partnership, business or profession.
- ◆ Interest, dividends, etc.
- ◆ Payments in lieu of earnings (i.e., Unemployment benefits, disability compensation, worker's compensation, and severance pay).

# Income Inclusions

- ◆ Income from assets if generating regular payment to the household.
- ◆ Full gross amount of periodic payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, lotteries, trust, inheritances and other similar types of periodic payments received.
- ◆ Welfare assistance (Monetary assistance programs such as AFDC, TANF, K-TAP, Families First, etc.)

# Income Inclusions

- ◆ Alimony, Child Support, etc.
- ◆ For two to four-unit dwellings, 85 percent of the projected gross income for non-owner-occupied units.
- ◆ Regular contributions and gifts (monetary or not) from persons outside the household. This may include rent and utility payments paid on behalf of the household and other cash or non-cash contributions provided on a regular basis.
- ◆ All regular pay, special pay and allowances of a member of the Armed Forces.

# Income Inclusions

- ◆ Income from assets if generating regular payment to the household.
- ◆ Full, gross amount of periodic payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, lotteries, trust, inheritances and other similar types of periodic payments received.
- ◆ Welfare assistance (Monetary assistance programs such as AFDC, TANF, K-TAP, Families First, etc.)

# Income Inclusions

## Digital Age Income or “Gig” Work

- ◆ Alternative means of employment through sources such as:
  - E-commerce (e.g., Shopify, Ebay, Etsy, Poshmark, etc.)
  - App based Services (e.g., Uber, Lyft, Grubhub, Doordash, Instacart, etc.)
  - Social Media (e.g., YouTube/Instagram/TikTok Influencers, etc.)
  
- ◆ Should be treated and verified as self-employment income.

# Income Exclusions

- ◆ Income from employment of children (including foster children) under the age of 18 years.
- ◆ Income of full time students 18 years of age or older that are not the Head of Household, Spouse, Partner or Co-Borrower.
- ◆ Payments received for the care of foster children or foster adults (usually individuals with disabilities, unrelated to the household, who are unable to live alone) or adoption assistance.
- ◆ Amounts received by the household that are specifically for or in reimbursement of the cost of medical expenses for a household member.

# Income Exclusions

- ◆ Income of a live-in aide.
- ◆ Full amount of student financial assistance paid directly to the student, veteran, or to the educational institution.
- ◆ Special pay to a household member serving in the Armed Forces who is exposed to hostile fire.
- ◆ Temporary, nonrecurring, or sporadic income (including gifts). *For example, amounts earned by temporary census employees whose terms of employment do not exceed 180 days.*
- ◆ Deferred periodic payments of Social Security or Supplemental Security Income benefits that are received in a lump-sum payment or in prospective monthly payments.

# Income Exclusions

- ◆ Alimony or child support that is not being paid as agreed (documentation of non-payment must be provided).
- ◆ Income from state or local employment training programs.
- ◆ Stock options.
- ◆ Vacation buyback.
- ◆ Gift cards.
- ◆ Tuition reimbursement.
- ◆ Income of a former household member that is confined to a nursing home or hospital on a permanent basis.
- ◆ Non-Monetary Welfare Assistance (WIC, SNAP, EITC, LIHEAP, etc.)

# Income Exclusions

## Coronavirus Aid, Relief, and Economic Security (CARES) Act Payments

COVID-19/Economic Impact Payments (EIP) and other relief payments received by the household are not counted towards the annual household income.

- ◆ Must be clearly identified if shown on pay statements.
- ◆ Employer letter of explanation required when listed as “bonus, gift, incentive” payments.

# Income Documentation

# Income Documentation

**All household members aged 18 years or older must provide income verification documentation.**

**Documentation must:**

- ◆ Be dated the **same year** as the loan application.
  
- ◆ Clearly show the following:
  - ◆ Name of the household member
  - ◆ Employer name or income source
  - ◆ Gross amount of income earned
  - ◆ Pay date/range/period covered
  - ◆ Year-To-Date (YTD), if possible

# Acceptable Income Documentation

## **No Income:**

- ◆ **Certification of Zero Income** form for any adult household member that is unemployed and receives no other source of income.

## **Unemployment:**

- ◆ Two consecutive (back-to-back) benefit statements OR an award letter for any adult household member currently receiving unemployment compensation.

# Acceptable Income Documentation

## **Self-Employment/Income Property:**

- ◆ Two years' most recent complete, signed federal tax returns if the household member is self-employed, receives a 1099 annual tax form or has current rental property income.
- ◆ Year-to-Date Profit & Loss Statement if a business has not established two years' tax returns.

## **Child Support/Alimony:**

- ◆ Child support or Alimony agency printout, case documents, court order, divorce decree, or notarized statement from payer to payee.

# Acceptable Income Documentation

## **Employment:**

- ◆ Two consecutive pay statements OR Verification of Employment (VOE).

## **Seasonal/Sporadic Employment:**

- ◆ VOE OR W-2s for the most recent two years if two consecutive pay statements are not available.

# Acceptable Income Documentation

## **Fixed Income:**

- ◆ Annual award letter or Statement of Benefits if any household member (regardless of age) receives income from Social Security, Supplemental Security, Veteran's Administration, Retirement, Pension, Investment, etc.

## **Multi Family Units (two to four units):**

- ◆ Current (dated within 12 months) multi-family unit appraisal for the subject property or a current lease agreement to verify rental income. 85 percent of the projected or current gross monthly rent from the non-owner-occupied units is counted as income. **Note:** Proof of rental income from the other unit(s) MUST be submitted with the Reservation Request

# Calculating Income

# How is Annual Income Calculated?

- ◆ Methodology varies by type of income.
- ◆ All gross pay from all sources must be considered in determining the annual income of a household.
- ◆ Generally, FHLB will use the current circumstances (as documented by third-party income documentation) to anticipate annual income unless there is some evidence to indicate imminent change.
- ◆ The two most used methods of calculating annual income are:
  - ◆ Calculating projected annual income by annualizing current income;  
or,
  - ◆ Using information available to average anticipated income from all known sources.

# Annualizing Base Wage & Other Compensation

To annualize base wages, multiply wages per period by the total number of pay periods per year. The standard calculations listed below will be used, depending on the pay schedule.

**Note:** This method cannot be used for irregular pay.

- ◆ Multiply hourly wages by 2080;
- ◆ Multiply weekly wages by 52;
- ◆ Multiply bi-weekly wages by 26;
- ◆ Multiply semi-monthly wages by 24;
- ◆ Multiply monthly wages by 12.

# Calculating Income

“Irregular Pay” is income that comes in uneven increments and/or is not consistent.

Common examples of irregular pay are:

- ◆ Overtime;
- ◆ Tips;
- ◆ Commission;
- ◆ Bonuses;
- ◆ Shift differential, etc.

# Calculating Income

When calculating projected income, the most frequently used methods include but are not limited to the following:

- ◆ Averaging the gross pay of two consecutive pay statements;
- ◆ Using the base pay or annualizing the base pay rate;
- ◆ Annualizing YTD totals;
- ◆ Combination of the above methods as deemed appropriate.

Each method can yield very different results. In some cases a combination of the above listed methods may be used to prove the household is income eligible. For example, you may use the base pay rate plus annualized YTD of irregular sources of income.

# Steps to Determining Income

**Step 1:** Identify all intended household occupants and age.

**Step 2:** Identify all sources of income for the household occupants.

**Step 3:** Determine which income sources are eligible for inclusion/exclusion and the verification documentation need to calculate income based on the income type.

**Step 4:** Calculated projected annual income using the standard, year-to-date, average pay methods.

# Calculating Income Examples

# Income Documentation Examples

<b>DATE</b> 01/30/2025		<b>PAYROLL ACCOUNT</b>						
PAY TO THE ORDER OF		NET PAY \$1,234.76						
THE FOLLOWING AMOUNTS HAVE BEEN DEPOSITED TO YOUR ACCOUNTS:								
TYPE	INSTITUTION	DESCRIPTION	AMOUNT					
			1,234.76					
ID	JBN	EMPLOYEE NAME	DISTR					
			01/15/2025					
			DEP # 1024356					
<b>PAY</b>		<b>CURRENT DEDUCTIONS</b>						
NAME	UNITS	AMOUNT	NAME	AMOUNT	YTD AMT	NAME	AMOUNT	YTD AMT
Regular Wages - FY24/25 HS MUSIC/BAND	9.000	1,744.63	FED TAX	83.01	166.02	OHIO TAX	29.46	58.92
			*S T R S	244.25	488.50	MEDICAL	100.09	200.18
			DENTAL	0.72	1.43	STRS EMP	244.25	488.50
			DIS/OTHE	28.50	57.00	MEDICARE	23.84	47.68
			*MEDICARE	23.84	47.68			
<b>GROSS</b>		1,744.63						
<b>ADJUSTED GROSS</b>		1,399.57						
<b>GROSS Y-T-D</b>		3,489.26						
USE-SICK BAL	USE-VAC BAL							
0.000/20.500	0.000/0.000							
USE-PER BAL	SERVICE DAYS							
0.000/4.000	/ 9/95							
EX FED S	EX ST	CK #	1024356	TOTAL DED.	509.87	NET PAY	1,234.76	

<b>DATE</b> 02/14/2025		<b>PAYROLL ACCOUNT</b>						
PAY TO THE ORDER OF		NET PAY \$1,234.77						
THE FOLLOWING AMOUNTS HAVE BEEN DEPOSITED TO YOUR ACCOUNTS:								
TYPE	INSTITUTION	DESCRIPTION	AMOUNT					
			1,234.77					
		DISTR	END DATE					
			01/30/2025					
			DEP # 1024686					
<b>PAY</b>		<b>CURRENT DEDUCTIONS</b>						
NAME	UNITS	AMOUNT	NAME	AMOUNT	YTD AMT	NAME	AMOUNT	YTD AMT
Regular Wages - FY24/25 HS MUSIC/BAND	10.000	1,744.63	FED TAX	83.01	249.03	OHIO TAX	29.46	88.38
			*S T R S	244.25	732.75	MEDICAL	100.09	300.27
			DENTAL	0.71	2.14	STRS EMP	244.25	732.75
			DIS/OTHE	28.50	85.50	MEDICARE	23.84	71.52
			*MEDICARE	23.84	71.52			
<b>GROSS</b>		1,744.63						
<b>ADJUSTED GROSS</b>		1,399.58						
<b>GROSS Y-T-D</b>		5,233.89						
USE-SICK BAL	USE-VAC BAL							
0.000/21.750	0.000/0.000							
USE-PER BAL	SERVICE DAYS							
0.000/4.000	/ 10/105							
EX FED S	EX ST	CK #	1024686	TOTAL DED.	509.86	NET PAY	1,234.77	



# Income Documentation Examples

Your Social Security benefit will increase by **2.5% in January 2025** because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records or access this information online by signing into your **my Social Security** account.

How Much You Will Get in 2025 (Before Deductions)	Monthly Amount
Your monthly benefit in 2025 before deductions	<b>\$1,957.00</b>
2025 Common Deductions	Monthly Amount
Medicare Medical Insurance (Part B and Part C) If you did not have Medicare as of November 21, 2024, or if someone else pays your premium, we show \$0.00.	-\$185.00
Medicare Prescription Drug Plan (Part D) We will notify you if the amount changes in 2025. If you did not elect withholding as of November 1, 2024, we show \$0.00.	-\$0.00
U.S. federal tax withholding for non-citizens	-\$0.00
Voluntary federal tax withholding If you did not elect voluntary tax withholding as of November 21, 2024, we show \$0.00.	-\$0.00
How Much You Will Get in 2025 (After Deductions)	Monthly Amount
Your monthly benefit in 2025 <u>after</u> deductions This monthly amount may include deductions not listed above.	<b>\$1,772.00</b>

For more information about your COLA and other benefits-related topics such as Medicare, Ticket to Work, Reporting Wages, Earnings Limits, Other Pensions, and more, go to [www.ssa.gov/cola](http://www.ssa.gov/cola) or scan the QR code. If you would like a paper copy of any of this information, please contact us.



PLEASE KEEP A COPY OF THIS STATEMENT FOR YOUR RECORDS

Date: 01/01/2025 Benefit Payment Information [REDACTED] 5

A change has been made in your monthly benefit. This is a comparison of your previous payment and your new payment breakdown. Please see the reverse side of this statement for additional information regarding this payment.

	Previous Monthly Payment	Monthly Payment Effective January, 2025
Original Monthly Benefit	\$1,227.03	\$1,227.03
Accumulative Cost of Living Increases	\$198.78	\$198.78
<b>Total Gross Benefit</b>	<b>\$1,425.81</b>	<b>\$1,425.81</b>
Dental Deduction	\$23.22	\$23.80
Vision Deduction	\$4.64	\$4.64
<b>Net Amount</b>	<b>\$1,397.95</b>	<b>\$1,397.37</b>

BNSTAT



# Income Documentation Examples

**Form 1040** Department of the Treasury—Internal Revenue Service **2024** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2024, or other tax year beginning . . . . . 2024, ending . . . . . 20 . . . . . See separate instructions.

Foreign country name . . . . . Foreign province/state/country . . . . . Foreign postal code . . . . .  You  Spouse

**Filing Status**  Single  Head of household (HOH)  Married filing jointly (even if only one had income)  Married filing separately (MFS)  Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: . . . . . If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): . . . . .

**Digital Assets** At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** Someone can claim:  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1960  Are blind  Spouse:  Was born before January 2, 1960  Is blind

**Dependents** (see instructions): (1) First name . . . . . Last name . . . . . (2) Social security number . . . . . (3) Relationship to you . . . . . (4) Check the box if qualifies for (see instructions): Child tax credit  Credit for other dependents

If more than four dependents, see instructions and check here:

<b>Income</b>	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>	34,150.
	<b>b</b> Household employee wages not reported on Form(s) W-2	<b>1b</b>	
	<b>c</b> Tip income not reported on line 1a (see instructions)	<b>1c</b>	
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>	
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>	
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>	
	<b>g</b> Wages from Form 9919, line 6	<b>1g</b>	
	<b>h</b> Other earned income (see instructions)	<b>1h</b>	
	<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>	
	<b>z</b> Add lines 1a through 1h	<b>1z</b>	34,150.
	<b>2a</b> Tax-exempt interest	<b>2a</b>	
	<b>3a</b> Qualified dividends	<b>3a</b>	
	<b>4a</b> IRA distributions	<b>4a</b>	
	<b>5a</b> Pensions and annuities	<b>5a</b>	
	<b>6a</b> Social security benefits	<b>6a</b>	
	<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	<b>7</b>	0.
	<b>8</b> Additional income from Schedule 1, line 10	<b>8</b>	9,360.
	<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b>	43,510.
	<b>10</b> Adjustments to income from Schedule 1, line 26	<b>10</b>	962.
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b>	42,548.
	<b>12</b> Standard deduction or itemized deductions (from Schedule A)	<b>12</b>	29,200.
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>	1,740.
	<b>14</b> Add lines 12 and 13	<b>14</b>	30,940.
	<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	<b>15</b>	11,608.

Attach Sch. B if required.

**Standard Deduction for—** Single or married filing separately, \$13,800; Married filing jointly or qualifying surviving spouse, \$26,400; Head of household, \$21,900; If you checked any box under Standard Deduction, see instructions.

Cal. No. 113208 Form 1040 (2024)

**Form 1040** Department of the Treasury—Internal Revenue Service **2023** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning . . . . . 2023, ending . . . . . 20 . . . . . See separate instructions.

Foreign country name . . . . . Foreign province/state/country . . . . . Foreign postal code . . . . .  You  Spouse

**Filing Status**  Single  Head of household (HOH)  Married filing jointly (even if only one had income)  Married filing separately (MFS)  Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: . . . . .

**Digital Assets** At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** Someone can claim:  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1959  Are blind  Spouse:  Was born before January 2, 1959  Is blind

**Dependents** (see instructions): (1) First name . . . . . Last name . . . . . (2) Social security number . . . . . (3) Relationship to you . . . . . (4) Check the box if qualifies for (see instructions): Child tax credit  Credit for other dependents

If more than four dependents, see instructions and check here:

<b>Income</b>	<b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>	10,948.
	<b>b</b> Household employee wages not reported on Form(s) W-2	<b>1b</b>	
	<b>c</b> Tip income not reported on line 1a (see instructions)	<b>1c</b>	
	<b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	<b>1d</b>	
	<b>e</b> Taxable dependent care benefits from Form 2441, line 26	<b>1e</b>	
	<b>f</b> Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>	
	<b>g</b> Wages from Form 9919, line 6	<b>1g</b>	
	<b>h</b> Other earned income (see instructions)	<b>1h</b>	
	<b>i</b> Nontaxable combat pay election (see instructions)	<b>1i</b>	
	<b>z</b> Add lines 1a through 1h	<b>1z</b>	10,948.
	<b>2a</b> Tax-exempt interest	<b>2a</b>	
	<b>3a</b> Qualified dividends	<b>3a</b>	
	<b>4a</b> IRA distributions	<b>4a</b>	
	<b>5a</b> Pensions and annuities	<b>5a</b>	
	<b>6a</b> Social security benefits	<b>6a</b>	
	<b>c</b> If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	<b>7</b>	0.
	<b>8</b> Additional income from Schedule 1, line 10	<b>8</b>	1,203.
	<b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>9</b>	12,151.
	<b>10</b> Adjustments to income from Schedule 1, line 26	<b>10</b>	285.
	<b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>11</b>	11,866.
	<b>12</b> Standard deduction or itemized deductions (from Schedule A)	<b>12</b>	27,700.
	<b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A	<b>13</b>	
	<b>14</b> Add lines 12 and 13	<b>14</b>	27,700.
	<b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>	<b>15</b>	0.

Attach Sch. B if required.

**Standard Deduction for—** Single or married filing separately, \$13,800; Married filing jointly or qualifying surviving spouse, \$27,700; Head of household, \$20,900; If you checked any box under Standard Deduction, see instructions.

Cal. No. 113208 Form 1040 (2023)





# Income Documentation Examples

**SCHEDULE C (Form 1040) Profit or Loss From Business (Sole Proprietorship)**

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

OMB No. 1545-0074  
**2024**  
Attachment Sequence No. 09

C Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.)  
City, town or post office, state, and ZIP code

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses.  Yes  No

H If you started or acquired this business during 2024, check here  Yes  No

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions. If "Yes," did you or will you file required Form(s) 1099?  Yes  No

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	50,750.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	50,750.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	50,750.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	50,750.

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

8	Advertising	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	19	Pension and profit-sharing plans	19	
10	Commissions and fees	20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	20a	a Vehicles, machinery, and equipment	20b	
12	Depletion	20b	b Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	21	Repairs and maintenance	22	14,027.
14	Employee benefit programs (other than on line 19)	22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	23	Taxes and licenses	24	Travel and meals:
16	Interest (see instructions):	24	Travel	24a	
16a	a Mortgage (paid to banks, etc.)	24b	Deductible meals (see instructions)	24b	
16b	b Other	25	Utilities	25	1,200.
17	Legal and professional services	26	Wages (less employment credits)	26	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	27a	Other expenses (from line 48)	27a	
29	Tentative profit or (loss). Subtract line 28 from line 7	27b	b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.	28		28	41,390.
31	Net profit or (loss). Subtract line 30 from line 29	29		29	9,360.

32a  All investment is at risk.  
32b  Some investment is not at risk.

Form 1040-Schedule C (2024) See the separate instructions. Form No. 11334P Schedule C (Form 1040) 2024

**SCHEDULE C (Form 1040) Profit or Loss From Business (Sole Proprietorship)**

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

OMB No. 1545-0074  
**2023**  
Attachment Sequence No. 09

C Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.)  
City, town or post office, state, and ZIP code

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify)

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses.  Yes  No

H If you started or acquired this business during 2023, check here  Yes  No

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions. If "Yes," did you or will you file required Form(s) 1099?  Yes  No

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	23,500.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	23,500.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	23,500.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	23,500.

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

8	Advertising	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	19	Pension and profit-sharing plans	19	
10	Commissions and fees	20	Rent or lease (see instructions):	20a	
11	Contract labor (see instructions)	20a	a Vehicles, machinery, and equipment	20b	
12	Depletion	20b	b Other business property	21	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	21	Repairs and maintenance	22	7,000.
14	Employee benefit programs (other than on line 19)	22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	23	Taxes and licenses	24	Travel and meals:
16	Interest (see instructions):	24	Travel	24a	
16a	a Mortgage (paid to banks, etc.)	24b	Deductible meals (see instructions)	24b	
16b	b Other	25	Utilities	25	1,200.
17	Legal and professional services	26	Wages (less employment credits)	26	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	27a	Other expenses (from line 48)	27a	
29	Tentative profit or (loss). Subtract line 28 from line 7	27b	b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.	28		28	22,297.
31	Net profit or (loss). Subtract line 30 from line 29	29		29	1,203.

32a  All investment is at risk.  
32b  Some investment is not at risk.

Form 1040-Schedule C (2023) See the separate instructions. Form No. 11334P Schedule C (Form 1040) 2023



# Income Documentation Examples

12:50 PM  
03/05/25  
Cash Basis



## Profit & Loss

January 2024 through December 2024

	Jan '24 - Dec 24
Ordinary Income/Expense	
Income	
Sales	22,957.00
<b>Total Income</b>	<b>22,957.00</b>
Expense	
Advertising and Promotion	50.00
Mileage Expense	559.00
Meals Expense (50%)	313.00
Supplies Expense	1,156.00
Uniforms Expense	207.00
<b>Total Expense</b>	<b>2,285.00</b>
<b>Net Ordinary Income</b>	<b>20,672.00</b>
<b>Net Income</b>	<b>20,672.00</b>

2:30 PM  
03/03/25  
Cash Basis

## Profit & Loss

January through February 25, 2025

	Jan - Dec 24
Ordinary Income/Expense	
Income	
Sales	2,901.30
<b>Total Income</b>	<b>2,901.30</b>
Expense	
Advertising/Marketing Expense	106.07
Mileage Expense	103.00
Small Tools & Equipment Expense	374.21
Supplies Expense	286.57
<b>Total Expense</b>	<b>869.85</b>
<b>Net Ordinary Income</b>	<b>2,031.45</b>
<b>Net Income</b>	<b>2,031.45</b>



# Calculating Income Example

Household:

Borrower: Jane Doe –Aged 55, Homemaker

Co-borrower: John Doe – Age 56, Instacart/GrubHub driver for 16 months

Mother-in-Law: Michelle (Mimi) – Age 75, Retired school teacher

Child: John Jr. – Age 22, Customer Service Tech/Navy Reservist.

Child: Jessica – Age 20, College Student, Employed Part-time

Child: Joe – Age 17, High School Senior, Influencer w/over 2M followers. Has an annual income of \$15,000 through brand partnerships and sponsored posts.

# Calculating Income Example

**What documentation is necessary to submit a Reservation Request and determine the income for the household?**

- ◆ **Fully executed, signed and dated loan application.**
- ◆ **Certification of Zero Income for Jane.**
- ◆ **Federal Tax Return and/or Profit & Loss Statement for John.**
- ◆ **Current SSA benefit statement for Mimi.**
- ◆ **Two Consecutive Pay Statements for John Jr.**
- ◆ **Verification of Full-time Student Status for Jessica.**
- ◆ **No verification required for Joe as he is a minor occupant.**

# Calculating Income Example

## Completed Loan Application

- ◆ Information listed on the loan application is compared to the information listed on the Reservation Request and the supporting documentation provided.

### Uniform Residential Loan Application

Verify and complete the information on this application. If you are applying for this loan with others, each additional Borrower must provide information as directed by your Lender.

**Section 1: Borrower Information.** This section asks about your personal information and your income from employment and other sources, such as retirement, that you want considered to qualify for this loan.

<b>1a. Personal Information</b>	
<b>Name</b> (First, Middle, Last, Suffix) Jane Doe	<b>Social Security Number</b> (or Individual Taxpayer Identification Number)
<b>Alternate Names</b> – List any names by which you are known or any names under which credit was previously received (First, Middle, Last, Suffix)	<b>Date of Birth</b> (mm/dd/yyyy) 01 / 01 / 1987
	<b>Citizenship</b> <input checked="" type="radio"/> U.S. Citizen <input type="radio"/> Permanent Resident Alien <input type="radio"/> Non-Permanent Resident Alien
<b>Type of Credit</b> <input type="radio"/> I am applying for individual credit. <input checked="" type="radio"/> I am applying for joint credit. Total Number of Borrowers: 2 Each Borrower intends to apply for joint credit. Your initials: JD	<b>List Name(s) of Other Borrower(s) Applying for this Loan</b> (First, Middle, Last, Suffix) – Use a separator between names John Doe
<b>Marital Status</b> <input checked="" type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried (Single, Divorced, Widowed, Civil Union, Domestic Partnership, Registered Reciprocal Beneficiary Relationship)	<b>Dependents</b> (not listed by another Borrower) Number 3 Ages 22, 20, 17
	<b>Contact Information</b> Home Phone (333) 555 - 1111 Cell Phone ( ) - - Work Phone ( ) - - Ext. _____ Email _____
<b>Current Address</b> Street 1275 Springwood Lane Unit # _____ City Clarksville State TN ZIP 37043 Country Montgomery How Long at Current Address? 15 Years 8 Months Housing <input type="radio"/> No primary housing expense <input checked="" type="radio"/> Own <input type="radio"/> Rent (\$ _____ /month)	
If at Current Address for LESS than 2 years, list Former Address <input checked="" type="checkbox"/> Does not apply Street _____ Unit # _____ City _____ State _____ ZIP _____ Country _____ How Long at Former Address? ____ Years ____ Months Housing <input type="radio"/> No primary housing expense <input type="radio"/> Own <input type="radio"/> Rent (\$ _____ /month)	
<b>Mailing Address</b> – if different from Current Address <input checked="" type="checkbox"/> Does not apply Street _____ Unit # _____ City _____ State _____ ZIP _____ Country _____	
<b>1b. Current Employment/Self-Employment and Income</b> <input checked="" type="checkbox"/> Does not apply	
<b>Employer or Business Name</b> Street _____ Phone ( ) - - City _____ State _____ ZIP _____ Country _____	<b>Gross Monthly Income</b> Base \$ _____ /month Overtime \$ _____ /month Bonus \$ _____ /month Commission \$ _____ /month Military Entitlements \$ _____ /month Other \$ _____ /month <b>TOTAL \$ 0.00/month</b>
<b>Position or Title</b> Start Date ____ / ____ / ____ (mm/dd/yyyy) How long in this line of work? ____ Years ____ Months	<b>Check if this statement applies:</b> <input type="checkbox"/> I am employed by a family member, property seller, real estate agent, or other party to the transaction.
<input type="checkbox"/> Check if you are the Business Owner or Self-Employed <input type="radio"/> I have an ownership share of less than 25%. <b>Monthly Income (or Loss)</b> <input type="radio"/> I have an ownership share of 25% or more. \$ _____	

# Calculating Income Example

**Section 4: Loan and Property Information.** This section asks about the loan's purpose and the property you want to purchase or refinance.

- ◆ Fully complete all applicable sections of the loan application.

**4a. Loan and Property Information**

Loan Amount \$ 325,000.00      Loan Purpose  Purchase    Refinance    Other (specify)

Property Address Street 1212 Main Street      Unit #  
 City Pegram      State TN      ZIP      County Cheatham  
 Number of Units 1      Property Value \$500,000.00

Occupancy  Primary Residence    Second Home    Investment Property      FHA Secondary Residence

1. Mixed-Use Property. If you will occupy the property, will you set aside space within the property to operate your own business? (e.g., daycare facility, medical office, beauty/barber shop)       NO    YES

2. Manufactured Home. Is the property a manufactured home? (e.g., a factory built dwelling built on a permanent chassis)       NO    YES

**4b. Other New Mortgage Loans on the Property You are Buying or Refinancing**       Does not apply

Creditor Name	Lien Type	Monthly Payment	Loan Amount/ Amount to be Drawn	Credit Limit (if applicable)
	<input type="radio"/> First Lien <input type="radio"/> Subordinate Lien	\$	\$	\$
	<input type="radio"/> First Lien <input type="radio"/> Subordinate Lien	\$	\$	\$

**4c. Rental Income on the Property You Want to Purchase**      For Purchase Only       Does not apply

Complete if the property is a 2-4 Unit Primary Residence or an Investment Property	Amount
Expected Monthly Rental Income	\$
<b>For LENDER to calculate:</b> Expected Net Monthly Rental Income	\$

**4d. Gifts or Grants You Have Been Given or Will Receive for this Loan**       Does not apply

Include all gifts and grants below. Under Source, choose from the sources listed here:

- Community Nonprofit
- Federal Agency
- Relative
- State Agency
- Lender
- Employer
- Local Agency
- Religious Nonprofit
- Unmarried Partner
- Other

Asset Type: Cash Gift, Gift of Equity, Grant	Deposited/Not Deposited	Source – use list above	Cash or Market Value
Grant	<input type="radio"/> Deposited <input checked="" type="radio"/> Not Deposited	Other	\$ 10,000.00
	<input type="radio"/> Deposited <input type="radio"/> Not Deposited		\$

# Calculating Income Example

**Section 3: Financial Information — Real Estate.** This section asks you to list all properties you currently own and what you owe on them.  I do not own any real estate

**3a. Property You Own** If you are refinancing, list the property you are refinancing FIRST.

Address Street 1215 Springwood Lane		City Clarksville		State TN	ZIP 37043	Unit #	Country Montgomery
Property Value	Status: Sold, Pending Sale, or Retained	Intended Occupancy: Investment, Primary Residence, Second Home, Other	Monthly Insurance, Taxes, Association Dues, etc. if not included in Monthly Mortgage Payment	For 2-4 Unit Primary or Investment Property			
				Monthly Rental Income	For LENDER to calculate: Net Monthly Rental Income		
\$ 245,000.00	Pending Sale		\$	\$	\$		
Mortgage Loans on this Property <input type="checkbox"/> Does not apply							
Creditor Name	Account Number	Monthly Mortgage Payment	Unpaid Balance	To be paid off at or before closing	Type: FHA, VA, Conventional, USDA-RD, Other	Credit Limit (if applicable)	
Best Bank	xxxx-xxxxxxx	\$ 750.00	\$ 134,000.00	<input checked="" type="checkbox"/>	FHA	\$	
		\$	\$	<input type="checkbox"/>		\$	

- ◆ Include information on assets and real estate owned *even if* the asset is not counted towards the total household income calculation.

**3b. IF APPLICABLE, Complete Information for Additional Property**  Does not apply

Address Street		City		State	ZIP	Unit #	Country
Property Value	Status: Sold, Pending Sale, or Retained	Intended Occupancy: Investment, Primary Residence, Second Home, Other	Monthly Insurance, Taxes, Association Dues, etc. if not included in Monthly Mortgage Payment	For 2-4 Unit Primary or Investment Property			
				Monthly Rental Income	For LENDER to calculate: Net Monthly Rental Income		
\$			\$	\$	\$		
Mortgage Loans on this Property <input type="checkbox"/> Does not apply							
Creditor Name	Account Number	Monthly Mortgage Payment	Unpaid Balance	To be paid off at or before closing	Type: FHA, VA, Conventional, USDA-RD, Other	Credit Limit (if applicable)	
		\$	\$	<input type="checkbox"/>		\$	
		\$	\$	<input type="checkbox"/>		\$	

**3c. IF APPLICABLE, Complete Information for Additional Property**  Does not apply

Address Street		City		State	ZIP	Unit #	Country
Property Value	Status: Sold, Pending Sale, or Retained	Intended Occupancy: Investment, Primary Residence, Second Home, Other	Monthly Insurance, Taxes, Association Dues, etc. if not included in Monthly Mortgage Payment	For 2-4 Unit Primary or Investment Property			
				Monthly Rental Income	For LENDER to calculate: Net Monthly Rental Income		
\$			\$	\$	\$		

# Calculating Income Example

**Section 6: Acknowledgments and Agreements.** This section tells you about your legal obligations when you sign this application.

## Acknowledgments and Agreements

### Definitions:

- "Lender" includes the Lender's agents, service providers, and any of their successors and assigns.
- "Other Loan Participants" includes (i) any actual or potential owners of a loan resulting from this application (the "Loan"), (ii) acquirors of any beneficial or other interest in the Loan, (iii) any mortgage insurer, (iv) any guarantor, (v) any servicer of the Loan, and (vi) any of these parties' service providers, successors or assigns.

### I agree to, acknowledge, and represent the following:

#### (1) The Complete Information for this Application

- The information I have provided in this application is true, accurate, and complete as of the date I signed this application.
- If the information I submitted changes or I have new information before closing of the Loan, I must change and supplement this application, including providing any updated/supplemented real estate sales contract.
- For purchase transactions: The terms and conditions of any real estate sales contract signed by me in connection with this application are true, accurate, and complete to the best of my knowledge and belief. I have not entered into any other agreement, written or oral, in connection with this real estate transaction.
- The Lender and Other Loan Participants may rely on the information contained in the application before and after closing of the Loan.
- Any intentional or negligent misrepresentation of information may result in the imposition of:
  - (a) civil liability on me, including monetary damages, if a person suffers any loss because the person relied on any misrepresentation that I have made on this application; and/or
  - (b) criminal penalties on me including, but not limited to, fine or imprisonment or both under the provisions of Federal law (18 U.S.C. §§ 1001 et seq.).

#### (2) The Property's Security

The Loan I have applied for in this application will be secured by a mortgage or deed of trust which provides the Lender a security interest in the property described in this application.

#### (3) The Property's Appraisal, Value, and Condition

- Any appraisal or value of the property obtained by the Lender is for use by the Lender and Other Loan Participants.
- The Lender and Other Loan Participants have not made any representation or warranty, express or implied, to me about the property, its condition, or its value.

#### (4) Electronic Records and Signatures

- The Lender and Other Loan Participants may keep any paper record and/or electronic record of this application, whether or not the Loan is approved.

- If this application is created as (or converted into) an "electronic application", I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable Federal and/or state electronic transactions laws.
- I intend to sign and have signed this application either using my:
  - (a) electronic signature; or
  - (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.
- I agree that the application, if delivered or transmitted to the Lender or Other Loan Participants as an electronic record with my electronic signature, will be as effective and enforceable as a paper application signed by me in writing.
- (5) **Delinquency**
  - The Lender and Other Loan Participants may report information about my account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report and will likely affect my credit score.
  - If I have trouble making my payments I understand that I may contact a HUD-approved housing counseling organization for advice about actions I can take to meet my mortgage obligations.

#### (6) Authorization for Use and Sharing of Information

- By signing below, in addition to the representations and agreements made above, I expressly authorize the Lender and Other Loan Participants to obtain, use, and share with each other (i) the loan application and related loan information and documentation; (ii) a consumer credit report on me; and (iii) my tax return information, as necessary to perform the actions listed below, for so long as they have an interest in my loan or its servicing:
- (a) process and underwrite my loan;
  - (b) verify any data contained in my consumer credit report, my loan application and other information supporting my loan application;
  - (c) inform credit and investment decisions by the Lender and Other Loan Participants;
  - (d) perform audit, quality control, and legal compliance analysis and reviews;
  - (e) perform analysis and modeling for risk assessments;
  - (f) monitor the account for this loan for potential delinquencies and determine any assistance that may be available to me; and
  - (g) other actions permissible under applicable law.

- ◆ The loan application must be signed dated and by the Borrower, Co-Borrower (if applicable). *The new system will detect if a signed and dated loan application is submitted.*

Borrower Signature Jane Doe Date (mm/dd/yyyy) 12 / 31 / 2022

Additional Borrower Signature John Doe Date (mm/dd/yyyy) 12 / 31 / 2022

Borrower Name: Jane Doe  
Uniform Residential Loan Application  
Freddie Mac Form 65 - Fannie Mae Form 1003  
Effective 1/2021

# Calculating Income Example

**Section 7: Military Service.** This section asks questions about your (or your deceased spouse's) military service.

## Military Service of Borrower

**Military Service** – Did you (or your deceased spouse) ever serve, or are you currently serving, in the United States Armed Forces?  NO  YES

If YES, check all that apply:  Currently serving on active duty with projected expiration date of service/tour  /  /  (mm/dd/yyyy)  
 Currently retired, discharged, or separated from service  
 Only period of service was as a non-activated member of the Reserve or National Guard  
 Surviving spouse

**Section 8: Demographic Information.** This section asks about your ethnicity, sex, and race.

## Demographic Information of Borrower

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

**Ethnicity:** Check one or more

- Hispanic or Latino  
 Mexican  Puerto Rican  Cuban  
 Other Hispanic or Latino – Print origin:   
Dominican Republic  
For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.  
 Not Hispanic or Latino  
 I do not wish to provide this information

**Sex**

- Female  
 Male  
 I do not wish to provide this information

**Race:** Check one or more

- American Indian or Alaska Native – Print name of enrolled or principal tribe:   
 Asian  
 Asian Indian  Chinese  Filipino  
 Japanese  Korean  Vietnamese  
 Other Asian – Print race:   
For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 Native Hawaiian  Guamanian or Chamorro  Samoan  
 Other Pacific Islander – Print race:   
For example: Fijian, Tongan, and so on.  
 White  
 I do not wish to provide this information

**To Be Completed by Financial Institution (for application taken in person):**

- Was the ethnicity of the Borrower collected on the basis of visual observation or surname?  NO  YES  
Was the sex of the Borrower collected on the basis of visual observation or surname?  NO  YES  
Was the race of the Borrower collected on the basis of visual observation or surname?  NO  YES

**The Demographic Information was provided through:**

- Face-to-Face Interview (includes Electronic Media w/ Video Component)  Telephone Interview  Fax or Mail  Email or Internet

◆ Complete question related to Military Service and Demographic Information.

# Calculating Income Example

**Section 9: Loan Originator Information.** To be completed by your **Loan Originator.**

**Loan Originator Information**

Loan Originator Organization Name Best Bank

Address 777 Easy Street, Smalltown, TN

Loan Originator Organization NMLSR ID# 99999999 State License ID# 000000

Loan Originator Name Jasmine P. Grant

Loan Originator NMLSR ID# \_\_\_\_\_ State License ID# \_\_\_\_\_

Email grantjp@fhlbcin.com Phone ( 513 ) 652 - 7817

Signature Jasmine P. Grant Date (mm/dd/yyyy) 01 / 03 / 2023

- ◆ The Member representative must also sign the application and the Member name must clearly show too.

# Example - Verification Documents

## Zero Income Certification

Housing and Community Investment

### Certification of Zero Income



(To be completed by adult household members only, if appropriate.)

Applicant name(s): Jane & John Doe, Sr.  
Name of person certifying zero income: Jane Doe  
Current Address: 1275 Springwood Lane  
City Clarksville State TN Zip Code 37043

Please check as appropriate:

I certify that I do not individually receive income or have not received income from any of the following sources for the period June 2020 through Current

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Unemployment or disability payments;
- f. Public assistance payments;
- g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- h. Sales from self-employed resources (Avon, Mary Kay, Amway, etc.);
- i. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- j. Veteran's Benefits;
- k. Supplemental Security Income;
- l. Any other source not named above

I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein may constitute an act of fraud.

Jane Doe - 1/31/2023 @ 1:04am 1/31/2023  
Signature of person certifying zero income Date

Certification of Zero Income  
©2023 Federal Home Loan Bank of Cincinnati, all rights reserved.

Revised 01/03/2023

- ◆ Must be the current (2026) version of the form.
- ◆ Must include a period of Zero Income.
- ◆ Must check the Certifications that apply.
- ◆ Must be signed and dated by the person w/Zero Income.

# Example - Verification Documents

## Profit and Loss Statement (YTD)

## Self Employment

John Doe Grubhub/Instacart Delivery																
Profit & Loss Statement for Sept 2021 - December 31, 2022																
	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Income:	\$500.00	\$1,000.00	\$1,000.00	\$1,400.00	\$1,000.00	\$1,200.00	\$1,500.00	\$1,200.00	\$2,000.00	\$3,000.00	\$2,000.00	\$5,000.00	\$4,000.00	\$3,000.00	\$3,000.00	\$3,500.00
Expenses:																
Insurance	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00
Gas	\$100.00	\$150.00	\$150.00	\$200.00	\$150.00	\$175.00	\$250.00	\$150.00	\$300.00	\$300.00	\$350.00	\$500.00	\$300.00	\$250.00	\$200.00	\$200.00
Taxes	\$100.00	\$200.00	\$200.00	\$280.00	\$200.00	\$240.00	\$300.00	\$240.00	\$400.00	\$600.00	\$400.00	\$1,000.00	\$800.00	\$600.00	\$600.00	\$700.00
Car Maint	\$150.00	\$0.00	\$0.00	\$75.00	\$0.00	\$0.00	\$550.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$90.00	\$0.00
Misc	\$25.00	\$50.00	\$30.00	\$0.00	\$0.00	\$0.00	\$25.00	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00
Monthly Profit/Loss	\$ (125.00)	\$350.00	\$370.00	\$595.00	\$400.00	\$535.00	\$ 125.00	\$ 360.00	\$ 1,050.00	\$ 1,850.00	\$ 1,000.00	\$3,250.00	\$2,500.00	\$ 1,885.00	\$ 1,860.00	\$2,350.00
Total Profit/Loss	\$ 18,355.00															
	<i>John Doe 12/31/2022</i>															

- ◆ If two years' most recent federal tax returns/IRS transcripts are unavailable because the business is new or the most recent return has not yet been filed, a signed and dated Profit & Loss Statement is required. Generally, YTD income will be averaged and projected forward.

# Example - Verification Documents

## Verification of Benefits – Annual Statements

### Your New Benefit Amount

BENEFICIARY'S NAME: MICHELLE SMITH

Your Social Security benefit will increase by 5.9% in 2022 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$2,495.10
<b>Deductions:</b>	
Medicare Medical Insurance (If you did not have Medicare as of November 15, 2021 or if someone else pays your premium, we show \$0.00)	-\$170.10
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2022. If you did not elect withholding as of November 1, 2021, we show \$0.00)	-\$0.00
U.S. Federal tax withholding	-\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 15, 2021, we show \$0.00)	-\$0.00
After we take any other deductions, you will receive the payment you are due for December 2021 on or about January 19, 2022.	\$2,325.00

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at [www.godirect.gov](http://www.godirect.gov) to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us within 60 days from the date you receive this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. The fastest and easiest way to file an appeal is to visit <https://secure.ssa.gov/APP/NDM/start> online.

#### If You Have Questions

- Visit us at [www.ssa.gov](http://www.ssa.gov) online.
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778).
- Contact your nearest Social Security office.

3461 SOUTH THIRD ST  
MEMPHIS TN 38109

#### Other Help For Older Adults and People with Disabilities

The Administration for Community Living offers older adults and people with disabilities a way to connect to a variety of community services and resources.



December 9, 2022

Michelle Smith  
2222 Front Street  
Nashville, TN XXXXX

Certificate #: 121200077  
Group Annuity Contract #: GA-10096  
Plan Sponsor Name: United States Teachers Plan

#### CONFIRMATION OF ANNUITY AND PRIVACY NOTICE

We are pleased to provide the following information as of:

Name of Annuitant:  
Michelle Smith

Annuitant Social Security Number:

Annuitant Date of Birth:  
6/1/03/1947

Periodic Payment Amount: \$350.00

Payment Frequency: Monthly

Form of Annuity: Life Annuity

Form of Annuity Description:  
A Life Annuity provides periodic benefit payments beginning on the Benefit Start Date and ending upon death.

The information contained in this certificate confirmation is believed by the Company to be accurate but is not guaranteed and does not modify, amend or supplement our certificate.

# Example - Verification Documents

## Employment & Reservist Income



### Request for Verification of Employment

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagee under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagee or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD); 5 U.S.C. Section 552a (if HUD/CFO); and Title 42, USC, 14171 et. seq. or 7 USC, 9631 et. seq. (if USDA/FmHA).

**Instructions:** Lender - Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.  
Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.  
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

**Part I - Request**

1. To (Name and address of employer)  
World Wide Windows

2. From (Name and address of lender)  
Boet Bank  
777 Easy Street  
Smalltown, TN

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender  
*James Grant*

4. Title  
Lending Officer

5. Date  
12/20/2022

6. Lender's Number (Optional)  
00-0007

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (Include employee or badge number)  
John Doe, Jr.  
1278 Springwood Lane, Clarksville, TN

8. Signature of Applicant  
see attached authorization

**Part II - Verification of Present Employment**

9. Applicant's Date of Employment  
02/21/2010

10. Payroll Position  
Customer Service Technician

11. Probability of Continued Employment  
Very Likely

12A. Current Gross Base Pay (Enter Amount and Check Period)

Annual  Hourly  Monthly  Other (Specify)

\$ 16.50

13. For Military Personnel Only

Pay Grade	Monthly Amount
Base Pay	\$
Pensions	\$
Flight or Hazard	\$
Clothing	\$
Quarters	\$
Pro Pay	\$
Overtime or Combat	\$
Variable Housing Allowance	\$

14. If Overtime or Bonus is Applicable, Is It Continuous Liability?

Overtime  Yes  No  
Bonus  Yes  No

5. If paid hourly - average hours per week  
40

6. Date of applicant's next pay increase  
1/1/2023

7. Projected amount of next pay increase  
50

8. Date of applicant's last pay increase  
1/1/2022

9. Amount of last pay increase  
1.00

12B. Gross Earnings

Type	Year To Date	Past Year 2021	Past Year 2020
Base Pay	\$ 24,320.00	\$ 22,240.00	\$ 21,200.00
Overtime	\$ 0.00	\$ 0.00	\$ 0.00
Commissions	\$ 0.00	\$ 0.00	\$ 0.00
Bonus	\$ 2,000.00	\$ 1,000.00	\$ 600.00
Total	\$ 26,320.00	\$ 23,240.00	\$ 21,800.00

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)  
Employee receives a quarterly bonus of up to \$500.

**Part III - Verification of Previous Employment**

21. Date Hired

22. Date Terminated

23. Salary/Wage at Termination Pay (Year) (Month) (Week)  
Base Overtime Commissions Bonus

24. Reason for Leaving

25. Position Held

**Part IV - Authorized Signature** - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal conspiracy or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CFO Assistant Secretary.

26. Signature of Applicant  
*Carmen C. Carmichael*

27. Title (Please print or type)  
HR Manager

28. Date  
12/21/2022

29. Print or type name signed in item 26  
Carmen Coy Carmichael

30. Phone No.  
800-777-9311

Fannie Mae  
Form 1005 July 96



CUI  
DEPARTMENT OF THE NAVY  
NAVY RESERVE CENTER AKRON  
2986 WEST AIRPORT DRIVE  
NORTH CANTON OH 44720-1448

1000  
Ser NO1/092  
16 Mar 22

From: Commanding Officer, Navy Reserve Center Akron  
To: Whom it May Concern

Subj: STATEMENT OF SERVICE ICO ITSN **John Doe, Jr.**

- This is to certify that ITSN **John Doe, Jr.** is attached to and is serving onboard Navy Reserve Center, Akron. Member's service record currently reflects the following information:
  - Service Members Full Name: **John Doe, Jr.**
  - Date of Birth: 3 September
  - Social Security Number: XXX-XX-6777
  - Rank/Grade: ITSN/E-3
  - Status: **Reserve**
  - Base Pay: **\$288.09 bi-monthly**
- I certify that I have reviewed all information contained in this document and released the above information in accordance with the Freedom of Information Act.
- Should you have concerns or need further assistance with this matter, please contact YN1 Tammy L. Brown via 888.252.888 or email at tammylbrown@navy.mil.

*Tammy L. Brown*  
T. L. BROWN  
By direction

Controlled by: DON  
Controlled by: NOSC Akron  
CUI Category: PRVCY  
Distribution/Dissemination Control: FEDCON  
POC: YN1



# Example - Verification Documents

## Verification of Student Status

+



### Student Verification Form

Employee Name

University ID

Home Address

To continue coverage, eligible dependents over the maximum dependent age of 19 must be enrolled as a full-time student at an accredited educational institution. **This form must be completed and returned with supporting documentation from the educational institution.**

**This form may be used to update student status at any time.** Failure to provide complete and accurate information may result in cancellation of coverage.

If a student is no longer eligible for coverage as a dependent, he/she may be eligible for continuation of coverage under federal and state guidelines.

If you have questions, please contact the Benefits Service Center at 1-888-971-0101.

**STUDENT VERIFICATION INFORMATION**

Dependent is not a full-time student.  
Date dependent was no longer a student   
(Dependent's coverage will be terminated according to the terms of the current policy.)

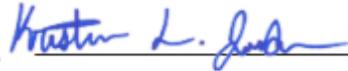
Dependent is a full-time student at an accredited institution.

Dependent Name  Date of Birth

Current Semester Start Date  Hours Enrolled  Graduation Date

Educational Institution

City  State  Zip Code  Telephone

Employee Signature  Date

- ◆ Must verify full time occupancy status of household occupant.
- ◆ Proof of student status is required for any household occupant 18 years of age or older.

# Calculating Income Example

## Income & Affordability Workbook



### Housing & Community Investment

#### General Information

Project Number:	202303-0000
Program Type:	Welcome Home Program
FHLB Member Institution:	The Best Bank
Homebuyer/Occupant Name 1:	Jane Doe
Homebuyer/Occupant Name 2:	John Doe, Sr.
Property Address:	1212 Main Street, Pegrem, TN
Household Size:	6
Median Income for County:	\$132,020.00

You must select the **Welcome Home Program** from the drop down menu in order for the form to properly calculate.

You must also use the 100% MRB income limit and the number of people in the household size or else the form will not calculate.





# Calculating Income Example

## Pay Statements

Best Bank  
777 East Street  
Smalltown, TN XXXXX

Direct Deposit Advice

paylocity

Check Date  
February 4, 2022

Voucher Number  
1111

DIRECT DEPOSIT VOUCHER

110258 7 163 7593 5626

110258

Direct Deposits Type Account Amount

C \*\*\*9324 938.27

Total Direct Deposits 938.27

Jessica Marie Doe  
1275 Springwood Lane  
Clarksville, TN 37043

Non Negotiable - This is not a check - Non Negotiable

Best Bank

Jessica M Doe

Employee ID 163 Fed Taxable Income 1,224.76 Check Date February 4, 2022 Voucher Number 7543

Location 7 Fed Filing Status N-1 Period Beginning January 23, 2022 Net Pay 938.27

Salary 51,212.33 State Filing Status S-1 Period Ending February 4, 2022 Total Hours Worked 80.00

Earnings	Rate	Hours	Amount	YTD
401k Match	0.00	54.49	109.97	68.11
Commission	0.00	150.00	600.00	115.38
HSA EMPL	0.00	38.46	115.38	208.08
Regular	15.15	80.00	1,212.23	1,619.69
Gross Earnings	80.00	1,406.69	4,352.07	214.03

Deductions	Amount	YTD
401k	68.11	211.33
HSA EMPLOYER CONTRIB	38.46	115.38
Medical Ins	69.36	208.08
Western & South	38.10	114.30
Deductions	214.03	649.59

Taxes	Amount	YTD
FITW	99.14	314.52
MED	18.75	51.42
OH	24.48	77.72
OH-BUC4	23.80	10.58
SS	88.19	249.75
Taxes	248.39	781.05

Direct Deposit Advice

paylocity

Check Date  
February 4, 2022

Voucher Number  
1111

DIRECT DEPOSIT VOUCHER

110258 7 163 7593 5626

110258

Direct Deposits Type Account Amount

C \*\*\*9324 938.27

Total Direct Deposits 938.27

◆ Must have two consecutive pay statements that clearly identify:

- Household Member
- Employer
- Rate of Pay
- Pay Period covered (Period beginning and/or ending date)
- Year to Date Totals

Best Bank  
777 Easy Street  
Smalltown, TN

Direct Deposit Advice

paylocity

Check Date  
February 18, 2022

Voucher Number  
1111

DIRECT DEPOSIT VOUCHER

110258 7 163 7748 5771

110258

Direct Deposits Type Account Amount

C \*\*\*9324 959.61

Total Direct Deposits 959.61

Jessica Marie Doe  
1275 Springwood Lane  
Clarksville, TN 37043

Non Negotiable - This is not a check - Non Negotiable

Best Bank

Jessica M Doe

Employee ID 163 Fed Taxable Income 1,253.26 Check Date February 18, 2022 Voucher Number 7748

Location 7 Fed Filing Status S-1 Period Beginning February 5, 2022 Net Pay 959.61

Salary 51,212.33 State Filing Status S-4 Period Ending February 18, 2022 Total Hours Worked 80.00

Earnings	Rate	Hours	Amount	YTD
401k Match	0.00	55.69	111.38	225.16
Commission	0.00	180.00	780.00	780.00
HSA EMPL	0.00	38.46	115.34	153.84
Regular	15.15	80.00	1,212.23	4,458.92
Gross Earnings	80.00	1,430.69	5,782.76	215.53

Deductions	Amount	YTD
401k	69.61	281.44
HSA EMPLOYER CONTRIB	38.46	153.84
Medical Ins	69.36	277.44
Western & South	38.10	152.40
Deductions	215.53	865.12

Taxes	Amount	YTD
FITW	102.55	417.08
MED	19.18	77.60
OH	25.33	103.05
OH-BUC4	26.46	107.04
SS	87.02	333.80
Taxes	265.55	1,036.57

Direct Deposit Advice

paylocity

Check Date  
February 18, 2022

Voucher Number  
1111

DIRECT DEPOSIT VOUCHER

110258 7 163 7748 5771

110258

Direct Deposits Type Account Amount

C \*\*\*9324 959.61

Total Direct Deposits 959.61











# Request for Additional Information

- ◆ If we lack sufficient information to process the Reservation or Request for Payment of Reserved Funding, a “Request for Additional Information” will be emailed to the Member contact.
- ◆ For items pertaining to a Reservation Request, submit the additional information within five business days or the request may be denied. All documents should be sent together via email to the person indicated on the bottom of the notice.

**Please respond promptly as funds are not reserved until you receive an approval letter from the FHLB Cincinnati.**

# Request for Additional Information

- ◆ This form will be emailed to the Member contact(s) **only**. It is the Contact's responsibility to forward the request to other persons in their organization.
- ◆ Do not fax documents to us.

Welcome Home Program  
Request for Additional Information

FHLB  
CINCINNATI

Applicant:

Project #:

One or more of the following items is needed to continue the Welcome Home review for the above named applicant. Please email all items at one time to the person indicated below or to [welcomhome@fhlbcin.com](mailto:welcomhome@fhlbcin.com). If the information is for a Reservation Request, the documentation must be received within five business days or the request will be denied. If the information is for a Request for Payment of Reserved Funding, the documentation must be received on or before 5:00PM ET on December 1, 2021 or the request will be denied.

- Submit at least two consecutive pay stubs or a completed VOE for
- Submit a current SSI benefit statement or award letter for
- Submit a current Social Security benefit statement or award letter for
- A Certification of Zero Income is required for
- Verification of child support is required for
- Verification of alimony is required for
- Submit last two years' complete federal tax returns to verify self-employment income for
- Submit a copy of the 2-4 family appraisal for the subject property or a current lease agreement to verify rental income.
- Submit a current pension statement for
- Submit a copy of the appraisal showing the manufactured home is attached to a permanent foundation, is taxed as real estate, and meets FHA guidelines
- Submit clarification of the number of people residing in the household and their ages.
- Submit a DD214 or two consecutive pay stubs to verify a household occupant is a veteran/active military personnel.
- Submit proof the household income meets the Welcome Home Program guidelines.
- Submit proof the Welcome Home grant is listed on the Closing Disclosure.
- Submit a copy of the Direct Subsidy Agreement.
- Submit the fully executed Retention Language Acknowledgement for FHA loans.
- Submit a Closing Disclosure signed by the buyer(s).
- Submit a fully executed Closing Disclosure for the second mortgage.
- Submit a homebuyer counseling certificate.
- Submit a recorded deed to ensure the 2021 retention language is attached.
- Submit a re-recorded deed that contains the 2021 Welcome Home retention language.
- Submit a COR, DD214, and/or Death Certificate to verify a household is a surviving spouse of service personnel.

Completed by:  Date:

Email address:

# Reporting Changes in Income

- ◆ If there is a change in an identified household occupant's Employment/Employer status after the Reservation Preliminary Approval has been issued FHLB does not need to be notified.
- ◆ If unreported income or occupants are discovered, you should send an email to [welcomehome@fhlbcin.com](mailto:welcomehome@fhlbcin.com) detailing the change and providing the additional/updated household income verification information. The total household income will be recalculated, and the household may or may not be eligible for the grant funds.

# Contact Information

# Welcome Home Program Contacts

Staff Name and Title	Phone Number	Email Address
<b>Jodi Pendleton</b> Housing Financial Analyst II	<b>513-852-7602</b>	<b>pendletonjm@fhlbcin.com</b>
Jasmine Grant Housing Financial Analyst II	513-852-7617	grantjp@fhlbcin.com
Kristina Jordan Housing Financial Analyst I	513-852-7609	jordankl@fhlbcin.com
Shomar Holley Housing Financial Analyst I	513-852-5524	holleys@fhlbcin.com
Cassandra Larcarte Housing Programs Manager	513-852-7647	larcartecl@fhlbcin.com
Jill Cravens HCI Officer	513-852-7550	cravensja@fhlbcin.com
Dawn Grace Vice President	513-852-7613	gracede@fhlbcin.com

Service Desk (for technical issues only)  
800-781-3090

# Contact us

## **Federal Home Loan Bank of Cincinnati**

221 East Fourth Street, Suite 600

P.O. Box 598

Cincinnati, OH 45201-0598

Toll free: (888) 345-2246

Email: [welcomhome@fhlbcin.com](mailto:welcomhome@fhlbcin.com)

Website: [www.fhlbcin.com](http://www.fhlbcin.com)

# Connect with us!

Get the latest news, events, and updates at FHLB Cincinnati by connecting with us on social media.



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[www.twitter.com/fhlbcin](http://www.twitter.com/fhlbcin)



[www.facebook.com/fhlbcincinnati](http://www.facebook.com/fhlbcincinnati)



[www.linkedin.com/company/  
federal-home-loan-bank-of-cincinnati](http://www.linkedin.com/company/federal-home-loan-bank-of-cincinnati)



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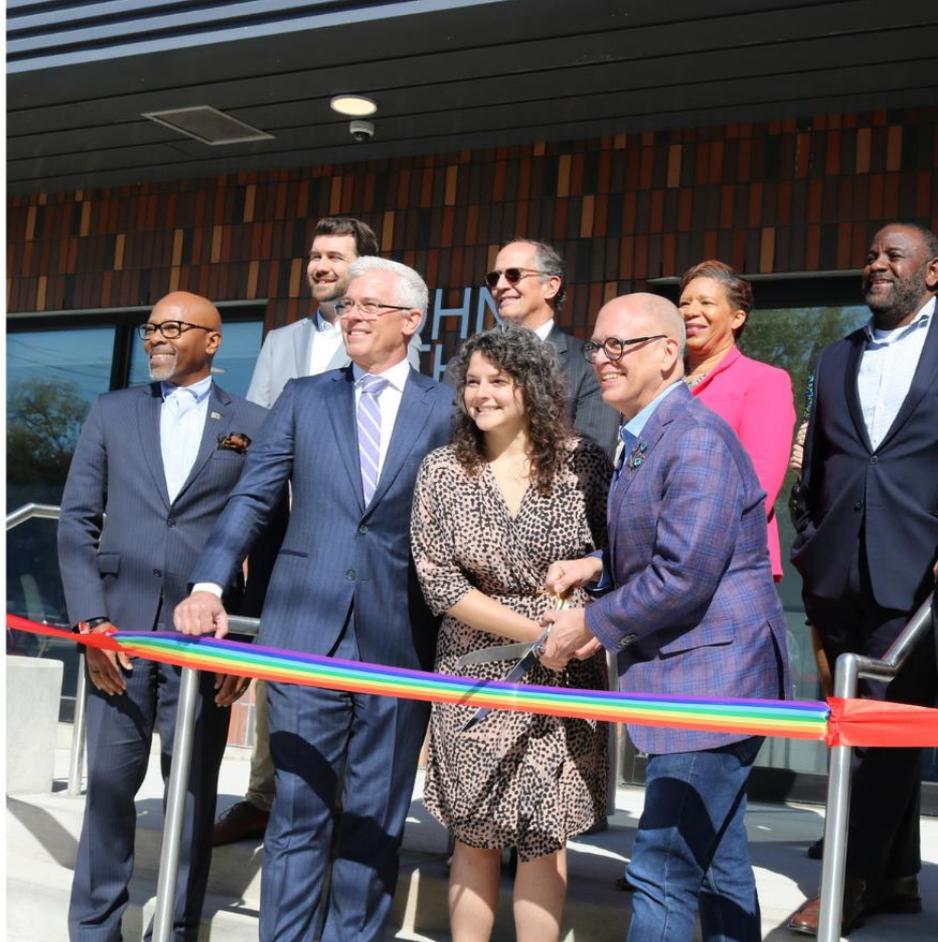
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# Thank You

