FDIC MULTIFAMILY AFFORDABLE HOUSING PROGRAM COMPLIANCE REPORT

Part A – COMPLIANCE REPORT SUMMARY

	Date:
	Period: to mo. day.
Property Name:	Property ID # <u>12345678</u>
Street Address:	
City, State, Zip:	
Owner:	Phone:
Manager/Contact:	(area) Phone:
	(area)

PROPERTY SUMMARY						Agency Use Only
	Number of Units					Compliance
Unit Type	Occupied	Vacant	Over Income	Total	Required	Status (Total ≥ Req.)
1. Lower Income - QUs						
2. Very Low-Income – QUs						□Yes □No
3. Total Qualifying Units						□Yes □No
4. Unrestricted Units						
5. TOTAL ALL UNITS						
Percent				100%		

I/We (owner) relied in good faith upon information supplied by the occupants and verified the information provided. I/We certify that data presented in this report is accurate to the best of our knowledge.

Signature (Preparer)		Signature (Managing Owner)	Date
		<u># of pages attached</u>	
Attachments:	Part B – Unit Status Report F	orms	
	Tenant Income Certification (TICs)	