

Exhibit "E"

CITY OF DELRAY BEACH



RESIDENT INCOME CERTIFICATION - HOME OWNER
Affordable Housing Programs

Effective Date:

7-23-18

Allocation Year:

A. Recipient Information (Select One):a. ☐ Current Homeownerb. ☒ Home Buyer: ☐ Existing Dwelling: ☒ Newly Constructed Dwelling**B. Subsidy Use (check all that apply)**

<input checked="" type="checkbox"/>	Down Payment Assistance	<input checked="" type="checkbox"/>	Principal Buy Down
<input type="checkbox"/>	Closing Costs	<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Interest Subsidy	<input type="checkbox"/>	Emergency Repair
<input type="checkbox"/>	Loan Guarantee	<input type="checkbox"/>	Other (Disaster Assistance)

C. Household Information:

Member	Names - All Household Members	Relationship	Age
1	Joann Gordon	Applicant	61
2	Robert Gordon	Husband	62
3			
4			
5			
6			
7			

D. Assets: All household members, including minors

Member	Asset Description	Cash Value	Income from Assets	Interest Rate
1	Wells Fargo Checking Acct. xxx5808	326.70	-	-
1	Wells Fargo Checking Acct. xxx5605	244.09	-	-
1	Wells Fargo Savings Acct. xxx2838	458.57	0.05	0.01%
1	Wells Fargo Savings Acct. xxx3113	3.00	0.00	0.01%
2	Chase Bank Checking Acct. xxx9835	544.00	-	-
1	Voya 401K	12,214.87	-	-
1			-	-
1			-	-
2			-	-
Total Cash value of Assets		D(a) \$13,791.23		
Total Income from Assets		D(b)	\$0.05	
If line D(a) is greater than \$5,000, multiply that amount by the rate specified by HUD (applicable rate .06%) and enter results in D (c) otherwise, leave blank.		D (c)	8.27	

E.

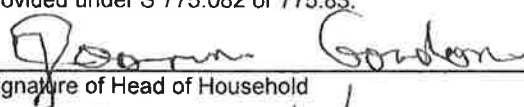
Anticipated Annual Income: Includes unearned income and support paid on behalf of minors.

Member	Wages/ Salaries (Include tips, commissions, bonuses)	Benefits / Pensions	Public Assistance	Other Income	Asset Income (Enter the greater of box D(b) or box D(c) above in box E(e) below
1	\$41,350.40				
2	\$35,501.44				
2					
4					
5					
6					
7					
	(a)	(b)	(c)	(d)	(e)
Totals	\$76,851.84	\$0.00	\$0.00	\$0.00	\$8.27

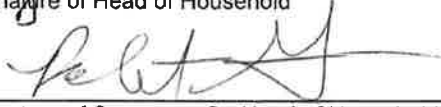
F. Enter total of items E (a) through E (e)	
This amount is the Annual Anticipated Household Income	\$76,860.11

Recipient Statement: The information on this form is to be used to determine maximum income for eligibility. I/we have provided, for each person set forth in Item C, acceptable verification of current and anticipated annual income. I/we certify that the statements are true and complete to the best of my/our knowledge and belief and are given under penalty of perjury.

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income and assets or liabilities is a misdemeanor of the first degree and is punishable by fines and imprisonment provided under S 775.082 or 775.83.


Signature of Head of Household

6-16-18
Date


Signature of Spouse or Co-Head of Household

7-16-18
Date

G. Affordable Housing Administrator Statement: Based on the representations herein, and upon the proofs and documentation submitted pursuant to Item F hereof, the family or individual(s) named in item C of this Resident Income Certification is/are eligible under the provisions of Chapter 420, Part V, Florida Statutes. The family or individual(s) constitute(s) a: (check one)

☐ **Extremely Low Income (ELI) Household** means individuals or families whose annual income does not exceed 30% of the area median income as determined by the U. S. Department of Housing and Urban Development with adjustments for household size:
(Maximum income limit: _____)

☐ **Very Low Income (VLI) Household** means individuals or families whose annual income does not exceed 50% of the area median income as determined by the U. S. Department of Housing and Urban Development with adjustments for household size:
(Maximum income limit: _____)

☐ **Low Income (LI) Household** means individuals or families whose annual income does not exceed 80% of the area median income as determined by the U. S. Department of Housing and Urban Development with adjustments for household size:
(Maximum income limit: _____)

☐ **Moderate Income (MOD) Household** means individuals or families whose annual income does not exceed 120% of the area median income as determined by the U. S. Department of Housing and Urban Development with adjustments for household size:
(Maximum income limit: _____)

☒ **High Moderate Income (MOD) Household** means individuals or families whose annual income does not exceed 140% of the area median income as determined by the U. S. Department of Housing and Urban Development with adjustments for household size:
(Maximum income limit: 86,240)

Based upon the 2018 income limits for Palm Beach County Metropolitan Statistical Area (MSA) or County, Florida.

Signature of the Administrator or His/Her Designated Representative:

Ferline F. Mesidort

Signature

Ferline F. Mesidort

Print Name

Date

7/23/18

Neighborhood Services Administrator

Title

H. Household Data (to be completed by Administrator or designee)

Number of Persons									
By Race / Ethnicity						By Age			
White	Black	Hispanic	Asian	American Indian	Other	0 - 25	26 - 40	41 - 61	62+
	X							1	1

Special Target / Special Needs (Check all that apply)				
Farmworker	Developmentally Disabled	Homeless	Elderly	Other

NOTE: Information concerning the race or ethnicity of the occupants is being gathered for statistical use only. No occupant is required to give such information unless he or she desires to do so, and refusal give such information will not affect any right he or she has as an occupant.