

MPAT Number: _____

PROGRAM PARTICIPANTS

PROPERTY ADDRESS

--

CERTIFICATION

1. The combined gross income of all program participants identified above does not exceed the following limit, based on the date range and household size identified: (check box above current month and next to appropriate household size)

Household Size	January (01/01/17 – 12/31/17)	April (01/01/18 – 03/31/18)	July (01/01/18 – 06/30/18)	October (01/01/18 – 09/30/18)
1	\$78,240	\$19,560	\$39,120	\$58,680
2	\$89,440	\$22,360	\$44,720	\$67,080
3	\$100,640	\$25,160	\$50,320	\$75,480
4	\$111,840	\$27,960	\$55,920	\$83,880
5	\$120,800	\$30,200	\$60,400	\$90,600
6	\$129,760	\$32,440	\$64,880	\$97,320
7	\$138,720	\$34,680	\$69,360	\$104,040
8+	\$147,680	\$36,920	\$73,840	\$110,760

2. The property identified above is occupied by at least one program participant and is that participant’s primary residence.
3. The property identified above is being maintained in good condition.
4. No program participant identified above is in active bankruptcy.
5. No program participant identified above owns other residential real property.
6. No program participant identified above has been convicted, within the last ten (10) years of any of the following in connection with a mortgage or real estate transaction: (a) felony larceny, theft, fraud or forgery; (b) money laundering; or (c) tax evasion.
7. At least one program participant identified above is actively participating in the Oregon Homeownership Stabilization Initiative’s Homeowner Education Program.

I/we meet all of the above criteria and certify to the following:

I/we do not meet all of the above criteria, or am/are withdrawing from the program, as indicated below:

I/we do not meet all of the above criteria, or am/are withdrawing from the program, as indicated below:			
I/we do not meet the criteria identified above in No. 1.	I/we do not meet at least one of the criteria identified above in Nos. 2-7.		I/we meet all of the above criteria but am/are withdrawing.

Under penalty of perjury, I/we certify that all information provided by me/us to the Oregon Affordable Housing Assistance Corporation and/or its agents is true and accurate. I/we understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my/our termination from the Oregon Homeownership Stabilization Initiative and may violate state and/or federal law. I/we further understand that information and documentation supporting my/our participation in the Oregon Homeownership Stabilization Initiative may be requested as part of ongoing compliance and monitoring activity performed by the Oregon Affordable Housing Assistance Corporation, the State of Oregon, the U.S. Department of the Treasury, or their agents.

SIGNATURES (All program participants identified above must sign)

RETURN COMPLETED FORM TO:

The local intake agency where you submitted your application. Click on the “Contact” button on top right corner of the blue toolbar and scroll to your county to find specific contact information.