

### Certification of Pregnancy

(To be completed and executed by the pregnant borrower's physician when the birth of a child will change the household size and result in an increase in the applicable Income Limit)

I \_\_\_\_\_, the physician, do hereby certify that I am a  
physician and have tested/examined \_\_\_\_\_  
Name of Patient  
and have determined that she is pregnant. It is estimated that the child will be born on

\_\_\_\_\_  
Date

I certify that the above information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Field of Medicine