



## summary of EIV third-party verification for annual recertifications

Please complete one document per adult household member when EIV is used as third-party verification of income.  
**Please note: This EIV summary form may be used at annual recertification for developments with LIHTC or CHFA loans.**

Date	Tenant Name	Unit Number
Certification Effective Date	Date of EIV Report	Date Tenant Reviewed EIV Report
Income Type Reviewed (check all that apply) <input type="checkbox"/> Wages <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment		

### wage

Name of Employer	Anticipated Annual Income Per EIV Report <small>(annualize most current quarter)</small>
Number of Paystubs Used to Calculate Income	Anticipated Annual Income Per Paystubs

### ss/ssi

Gross Monthly Social Security Income Received	Anticipated Annual Social Security Income
Gross Monthly Supplemental Security Income Received	Anticipated Annual Supplemental Security Income
Gross Monthly Dual Entitlement Income Received	Anticipated Annual Dual Entitlement Income

### unemployment

Number of Quarters Tenant Receives Benefits	Annual Income Per EIV Report
Tenant Supplied Documents Used To Determine Annual Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Date Documents Received	Anticipated Annual Income Per Tenant Document(s)

### signature(s)

By signing this form, I acknowledge I have reviewed and do not dispute the income information as shown on the EIV report dated \_\_\_\_\_.

Under penalty of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

\_\_\_\_\_  
 Tenant Signature Date

\_\_\_\_\_  
 Prepared By Date