PUBLIC HOUSING AUTHORITY STATEMENT OF INCOME AND ASSISTANCE

For Individuals Receiving Rental Assistance under Section 8 of the United States Housing Act of 1937

Housing Authority:				
Attn:				
Address:				
Fax #:				
RE:	Applicant/Resident Nam			
	Applicant/Resident Nan	ic		
Income Housing Tax release below giving	Credit (LIHTC) Program, Se	ection 42 of the Internations requested information	ed in a development operating al Revenue Code. The individual on. The information provided w.	dual has signed the
Signature of Owner/Agent		Title	Date	
Owner/Agent's Address Owner/Agent's Fax #				
Consent to Release information.	Information: My signat	cure below authorizes	s verification of my incomo	e and assistance
Tenant/Applicant S	i a a a bussa	Last 4 S		
Telland Applicant 3				
, , , ,	ignature	Last 4 3.	SN Date	_
			below for each HH memb	er.
As part of the certificate referenced applicant's that the income does before any deduction	ation/recertification process s/resident's income as dete not exceed the applicable s ons, for each household	formation requested s, the undersigned PHA rmined by the requirer Section 8 limitations. F member.	A representative has verified ments of the Section 8 progra	the above am, and certifies
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Household Member w/Income: 3	
Source of Income:	
Employment or Wages \$	Social Security/Pensions \$
Public Assistance: (TANF/OAP, etc.)	\$
Other (please list type):	\$
	\$
(i.e. child support income from assets, reoccurring	g gifts, etc.)
Household Member w/Income: 4	
Source of Income:	
Employment or Wages \$	Social Security/Pensions \$
Public Assistance: (TANF/OAP, etc.)	\$
Other (please list type):	\$
	\$
(i.e. child support income from assets, reoccurring	g gifts, etc.)
Annual GROSS household income: \$	Date verified:
Rental assistance payment: \$	
	.S. Code makes it a criminal offense to make willful, false statements of ency of the U.S. as to any matter within its jurisdiction.
	
Name (Please Print)	Title (Please Print)
	
Signature	Date
	
Phone Number	