

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 Name

The undersigned has applied for/resides in a rental housing unit located in a development operating under the Low-Income Housing Tax Credit (LIHTC) Program, Section 42 of the Internal Revenue Code. The individual has signed the release below giving you permission to supply the requested information. The information provided will remain confidential. Please return the completed form to the address/fax below.

 Signature of Owner/Agent Title Date

 Owner/Agent's Address Owner/Agent's Fax #

Consent to Release Information: My signature below authorizes verification of my income and assistance information.

 Tenant/Applicant Signature Last 4 SSN Date

PHA: Please complete the information requested below for each HH member.

As part of the certification/recertification process, the undersigned PHA representative has verified the above referenced applicant's/resident's income as determined by the requirements of the Section 8 program, and certifies that the income does not exceed the applicable Section 8 limitations. **Please verify the GROSS amount of income before any deductions, for each household member.**

Household Member w/Income: 1. _____

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 gifts, etc.)

Household Member w/Income: 2. _____

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 gifts, etc.)

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 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 gifts, etc.)

Annual **GROSS** household income: \$ _____ Date verified: _____

Rental assistance payment: \$ _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Name (Please Print)

Title (Please Print)

Signature

Date

Phone Number