



public housing authority statement of income and assets

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

Housing Authority	Attn
Email	Fax Number
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 permission to supply the requested information. The information provided will remain confidential. Please return the completed form to the address/email/fax below.

signature

Signature of Owner/Agent Title Date

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

consent to release information

My signature below authorizes verification of my income, assets, and assistance information.

Tenant/Applicant Signature Last 4 SSN Date

pha: complete the information below

Please complete the requested information below for each household member. Please do not leave any items blank. If an item is not applicable, please check the N/A box.

As part of the certification/recertification process, the undersigned PHA representative has verified the above-referenced applicant's/tenant's income and assets 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 Name	Total Income \$	Household Member Claims Zero Income <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment/Wages \$ <input type="checkbox"/> N/A	Social Security/Pensions \$ <input type="checkbox"/> N/A	Public Assistance (TANF/OAP, etc) \$ <input type="checkbox"/> N/A	
Child Support/Alimony \$ <input type="checkbox"/> N/A	Gift Income \$ <input type="checkbox"/> N/A	Other (please list type): \$	

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Child Support/Alimony \$ <input type="checkbox"/> N/A	Gift Income \$ <input type="checkbox"/> N/A	Other (please list type): \$	

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Child Support/Alimony \$	<input type="checkbox"/> N/A	Gift Income \$	<input type="checkbox"/> N/A
		Public Assistance (TANF/OAP, etc) \$ <input type="checkbox"/> N/A	
		Other (please list type): \$	

assets for all household members: please complete below for all verified assets

Checking Cash Value \$	Income from Asset \$	Member Number
Savings Cash Value \$	Income from Asset \$	Member Number
401k/Retirement Cash Value \$	Income from Asset \$	Member Number
Other (please list type): Cash Value: \$	Income from Asset \$	Member Number

Annual Gross Household Income \$	Rental Assistance Payment \$	Date Verified
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If forms are completed electronically, one of the following boxes must be checked:

Public Housing Authority completed this form electronically _____ (staff member initials)

signatures

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 Title

Signature Date

Phone Number Email