



# 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	Attention
Email	Fax Number
Applicant/Resident Name	

The undersigned has applied for/resides in a rental housing unit located in a development operating under the Housing Tax Credit (HTC), 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 Number

## 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):
\$		\$		\$

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): \$

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): \$

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

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Checking Cash Value \$	Interest Rate/ Dividend %	Income from Asset \$	Member Name
Savings Cash Value \$	Interest Rate/ Dividend %	Income from Asset \$	Member Name
Real Property (i.e., building, home, land, etc.) \$		Income from Asset \$	Member Name
Other (please list type):  Cash Value: \$		Income from Asset \$	Member Name
Other (please list type):  Cash Value: \$		Income from Asset \$	Member Name

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

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

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## signatures

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**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.

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Name

Title

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Signature

Date

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Phone Number

Email