

VERIFICATION OF ANNUAL INCOME AND HOUSEHOLD SIZE BY THE SECTION 8 ADMINISTRATIVE AGENCY FOR SECTION 8 ASSISTED APPLICANTS

APPLICANT: _____ **SOCIAL SECURITY #** _____

ADDRESS: _____ **FAMILY SIZE:** _____

I authorize the owner/manager of the Low Income Housing Credit property identified below to make inquiries regarding my income, household size, and utility allowance for determining occupancy within the guidelines of IRC Section 42. I further authorize the Section 8 Administrative Agency to release a copy of my signed application for rental assistance, and /or any information contained within that application which will verify my eligibility for occupancy.

APPLICANT SIGNATURE _____ **Date:** _____

TO THE SECTION 8 ADMINISTRATIVE AGENCY:

The applicant identified above has indicated that he/she is receiving Section 8 assistance from your agency. Information provided will remain confidential and will be used to determine eligibility for occupancy in a Low Income Housing Credit property as required by IRC Section 42.

OWNER/MANAGER SIGNATURE _____ **DATE:** _____

This is to certify that the applicant identified above is a recipient of Section 8 Rental Assistance from this Section 8 Administrative Agency. The following information has been verified by the Agency and certified by the applicant.

Family's Combined Gross Annual Income: _____

Number of Persons in Family: _____

Date of last Certification/recertification: _____

Signature of Certifying Official: _____

Section 8 Administrative Agency: _____

Date: _____

Contact Telephone Number: _____