GENERAL INCOME VERIFICATION

TO BE COMPLETED IF YOU RECEIVE ASSISTANCE FROM FAMILY/FRIENDS/CHURCHES/COMMUNITY ORGANIZATIONS/ETC.

Name of Applicant: _____

Phone#: _____ Email: _____

I hereby authorize release of the information requested below.

Signature of Applicant/Resident

Date signed

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The recipient named above has applied for an apartment governed by the Federal Tax Credit Program provided for under Section 42. The program requires verification of all income and asset sources of this person and also at annual recertifications. To determine whether this individual is within the guidelines of our program, we ask for your cooperation in completing the applicable information below. We hold this information in strict confidence for use only in determining the eligibility status of this individual. Your prompt return of this information by fax or email will be greatly appreciated.

THIS SECTION TO BE COMPLETED BY INCOME PROVIDER

Please fill in the blanks. Write N/A if not applicable.

Check the type(s) of assistance received, fill in the GROSS amount CURRENTLY received and frequency of the payments.

BENEFIT	GROSS AMOUNT:	FREQUENCY:		changes in next 12 months EFFECTIVE DATE:
Regular gifts/contributions or Payments:	\$		\$	
Explain:			Explain:	
Lottery winnings, inheritance, Trust:	\$		\$	
Explain:			Explain:	
Other (list type)	\$		\$	
Explain:			Explain:	
Printed Name of Income Provide	r		_	
Telephone #				
E-Mail				
Relationship to Applicant				

Provider's Signature _____ Date _____

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