## **INCOME VERIFICATION FOR HOUSEHOLDS WITH SECTION 8 CERTIFICATES**

				Unit #:
To:	Section 8 Pro	ogram Administrato	r	
Housing Authority:			_	
Address:			_	
City, State, Zip:			-	
		has applied for residency	/is a resident of	
Applicant / Resident Na				roperty Name
HUD's Section 8 Existi	ng Housing Program g that the tenant's in	h, IRS regulations allow the come does not exceed the	nat if the PHA prov	assistance payments under vides a statement to the under the LIHTC program,
Number of Household Members:			Move-In	Recertification
Permission by: Appli	· (D :1 - C'			
			Date	1. 6.41
Under the Low Inc	come Housing T	ax Credit Program,	the combined	annual income of the
household before a	iny adjustments	, cannot exceed \$	T	<u> </u> ·
				tamped envelope. Thank you
in advance for your pro-		in this form in the cheroses	a sen-addressed, s	tamped envelope. Thank you
	inproducention.	Sincerely,		
		Apartment Manager		
		OMPLETED BY THE P ification effective on		
me # of HH Members	mbers whose combin	ned annual income <b>before</b>	e any adjustments	s, does not
exceed the income limit	shown above.			
Signature		Date		Phone #
Printed Name		Title		
				overned by the Internal Revenue y of all tenants occupying tax

credit units. (Owners should be aware that although the verifications requirements of Section 1.42-5(b)(1)(vii) may be met through the use of this form, a Tenant Income Certification (TIC) must still be completed annually.)

Appendix F