## **SECTION 8 INCOME VERIFICATION**

Send To:				
		has applied for reside	encv or is	currently a resident at
	Αρ	partments, an LIHTC project	. Ás part	of our processing, we
must obtain veri	fication of his/her hol	usehold's anticipated gross	annual in	come.
Tax Credit Prog	ram, the anticipated	Revenue Code (as amended) gross annual household inco , the appl	ome for th	e above referenced
Thank you for ye	our assistance,			
Property Repres	sentative	Date		
	Release Informatior ssion to the housing a	<b>1</b> authority to release the requ	ested inco	ome information.
Signature of Applicant/Reside	ent	Date		
	ed by the public hou		ła	Children
Household Suma	me	_ Family Size Adul		
Section 8 proce with a combined (OR)	dures, and that on (d I household income e	whold is verified at least annulate) This h equal to, or less than the am ross income of \$	ousehold	l was certified by us ed above
	·			
AUTHORIZED Print Name:	SIGNATURE		Title:	
Signature:			Date:	
Telephone:			_	
RETURN TO:				_
				_
				_
		OFFICE USE ONLY		
Date Sent: Date		OFFICE USE ONLY		
Date Sent: Date Received:		OFFICE USE ONLY		