

**VERIFICATION OF SECTION 8 INCOME**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT**

TO: (Name and Address of Housing Agency) Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_ Social Security Number \_\_\_\_\_ Unit No. (if assigned) \_\_\_\_\_  
Applicant/Tenant Name

I hereby authorize the release of information regarding my income for the purpose of determining my eligibility for occupancy.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Signature

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that purpose only. Your prompt response is crucial and greatly appreciated.

\_\_\_\_\_ Project Owner/Management Agent

Return Form To:

**THIS SECTION TO BE COMPLETED BY THE HOUSING AUTHORITY**

This is to certify that (applicant/tenant), who is a recipient of a Section 8 Certificate/Voucher from this PHA, has GROSS annual income of \$ \_\_\_\_\_, as of \_\_\_\_\_ (date) for year \_\_\_\_\_.

FAMILY SIZE: \_\_\_\_\_ Effective Date of Recertification: \_\_\_\_\_

Signature of PHA Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Name of PHA: \_\_\_\_\_ Phone: \_\_\_\_\_