SECTION 8 INCOME VERIFICATION

Send To:			
(p (p we must obtain verification of his/he	roperty name), an LIHT	C project. As part of	s currently a resident at f our verification process,
	nousenoid s anticipate	eu gross annuar inco	ine.
Under Section 42(g) of the Internal F Program, the anticipated gross annu exceed \$	al household income for	or the above reference	
Thank you for your assistance,			
Property Representative	Date		
Permission to Release Information	n		
I give my permission to the housing	authority to release the	requested income ir	formation.
Signature of Applicant/Resident	Date		
THIS SECTION IS TO BE	E COMPLETED BY TH	E PUBLIC HOUSING	G AUTHORITY
Household Surname	Family size:	Adults	Children
procedures, and that on (date) household income equal to, or less t <i>-(OR)-</i>	han the amount stated	above.	
On (date), this househousehousehousehousehousehousehouse	old was certified by our	agency with a total g	ross income equal to or
Household Income: \$			
AUTHORIZED SIGNATURE			
Print Name:			
Signature:		Date:	
Telephone:			
RETURN TO:			
	OFFICE USE O	NLY	
Date Sent:			
Date Received:			
Date Received:			