SECTION 8 INCOME VERIFICATION

Send To:			
	roperty name), an LIHT	C project. As part o	is currently a resident at f our verification process,
we must obtain verification of his/he	r nousenoid's anticipate	ed gross annual inco	ome.
Under Section 42(g) of the Internal F Program, the anticipated gross annu exceed \$	al household income fo	or the above reference	
Thank you for your assistance,			
Property Representative	Date		
Permission to Release Informatio	n		
I give my permission to the housing		requested income in	nformation.
Signature of Applicant/Resident	Date		
THIS SECTION IS TO BE	E COMPLETED BY TH	E PUBLIC HOUSIN	G AUTHORITY
Household Surname	Family size:	Adults	Children
household income equal to, or less t -(OR)-		above.	
On (date), this househousehousehousehousehousehousehouse	old was certified by our	agency with a total of	gross income equal to or
Household Income: \$			
AUTHORIZED SIGNATURE Print Name:		Title:	
Signature:		Date:	
Telephone:			
RETURN TO:			
	OFFICE USE OI		
Date Sent:			
Date Received: Comments:			
	SPECTRUM ENTERP	RISES 1/2024	