

VERIFICATION OF SECTION 8 HOUSING ASSISTANCE

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of Housing Authority

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my housing assistance information.

Signature of Applicant/Tenant Date

The individual named directly above has indicated that he or she is receiving Section 8 assistance from your agency and is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

Signature of Owner's Representative Date

THIS SECTION TO BE COMPLETED BY HOUSING AUTHORITY

Contract Rent: \$ _____
Housing Authority Portion: \$ _____
Family Portion: \$ _____
Effective Date: \$ _____

Number of persons in household _____

Housing Authority verifies that the annual income as calculated in a manner consistent with the determination of annual income under Section 8 is \$ _____ effective on \$ _____.

Signature Printed Name & Title Date

Housing Authority Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.