



TENANT INCOME VERIFICATION
PROGRAM: _____

The undersigned has applied for a rental unit located in an affordable housing project. Every income of a prospective tenant must be stringently verified. The applicant's signature authorizes the release of the requested information. PLEASE RETURN THE COMPLETED FORM TO: _____ within five (5) days so that we can process the applicant's request. Your assistance is appreciated.

(THIS SECTION TO BE COMPLETED BY THE APPLICANT)

Project Address: _____
 Applicant Name: _____ Social Security No.: _____
 Applicant Signature: _____ Date: _____

(THIS SECTION TO BE COMPLETED BY THE EMPLOYER OR APPROPRIATE PUBLIC AGENCY)

Applicant Name: _____ Occupation: _____
 Employee # (if any): _____ Date of Hire: _____
 Assistance Eligibility Date: _____
 Average Hours Worked Each Week: _____ Rank (If Military): _____

- Regular Gross Salary/Wages
- Overtime
- **Military: Total Entitlement**
- Commission
- Tips
- Additional Compensation During the Past Year
 - Overtime
 - Bonus
- Amount of Public Assistance

	Per Month	Per Week	Per Hour
\$	_____	\$ _____	\$ _____
\$	_____	\$ _____	\$ _____
\$	_____	\$ _____	\$ _____
\$	_____	\$ _____	\$ _____
\$	_____	\$ _____	\$ _____
\$	_____	\$ _____	\$ _____
\$	_____	\$ _____	\$ _____
\$	_____	\$ _____	\$ _____

TOTAL ANTICIPATED ANNUAL INCOME \$ _____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Verified by: _____ (Authorized Personnel – PRINT NAME) _____ Name of Company/Public Agency
 Signature: _____ Address
 Title: _____
 Date: _____ City Zip Code
 Phone #: _____