

General Income Verification

Source's Mailing Address: _____ Phone #: () _____
 _____ Fax #: () _____

 Attention: _____

The recipient named below has applied for a government assisted low-income housing program. We must verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return within 10 days in the envelope provided.

Your assistance in completing this form accurately and in a timely manner is greatly appreciated!

Applicant/Tenant Information:	
Applicant/Tenant Name: _____	
Date of Birth: _____	Social Security #: _____

Check the type(s) of income received, the GROSS amount CURRENTLY receiving and date began receiving benefit:

<u>Income Type</u>	<u>Amount</u>	<u>Frequency</u>
<input type="checkbox"/> Veteran's Benefit, Retirement Pay or Annuity	\$ _____	_____
<input type="checkbox"/> Severance Pay	\$ _____	_____
<input type="checkbox"/> Insurance Settlement or Life Insurance Dividends	\$ _____	_____
<input type="checkbox"/> Disability or Death Benefit:	\$ _____	_____
<input type="checkbox"/> Contributions to Household:	\$ _____	_____
<input type="checkbox"/> Workman's Compensation Benefits	\$ _____	_____
<input type="checkbox"/> Income from Real Estate:	\$ _____	_____
<input type="checkbox"/> Other: _____ (Please list type)	\$ _____	_____

Are there any expected changes in the next 12 months? ☐ YES ☐ NO

Comments: _____

Signature of Source: _____ Title: _____
 Date Completed Form: _____ Phone #: _____

Office Use Only:

Date Received: _____ Calculations: _____