

TENANT INCOME VERIFICATION FORM
(HUD funding-- Section 104(d))

Project Name:					Parcel No.:				
1. Name of Occupant:									
2. Name of Occupant:									
3. Name of Occupant:									
4. Name of Occupant:									
5. Household Composition and Annual Income:									
Name	Relationship Husband or Head of house- hold	Income Last 12 Months						Total Last 12 Months (Sum of all Entries)	Agency Review
		Gross Wages or Salary	Retirement		Benefits Payment				
			Social Security	Other	Disability	Unem- ployment	Public Assistance		
5. TOTAL									

NOTE: Exclude income but not names of minors (children under 18 years of age or full-time students that live at home).

<p>6. Other Income:</p> <table style="width: 100%;"> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Total Last 12 Months</th> </tr> <tr> <td>(A) Gross Overtime Pay, Commissions, Fees, Tips and Bonuses</td> <td></td> </tr> <tr> <td>(B) Gross Income From Operation of a Business or Profession</td> <td></td> </tr> <tr> <td>(C) Periodic Payments From Annuities, Social Security, Insurance Policies, Pensions, Disability, Retirement Funds or Death Benefits</td> <td></td> </tr> <tr> <td>(D) Alimony, Child Support or Gifts Received from Persons Not Residing in Dwelling</td> <td></td> </tr> <tr> <td>(E) Workers' Compensation, Unemployment or Severance Pay</td> <td></td> </tr> <tr> <td>(F) Military Pay (including Regular, Reserve, Special Pay and/or Allowances)</td> <td></td> </tr> <tr> <td>(G) Veteran's Payments or Benefits</td> <td></td> </tr> <tr> <td>(H) Other (Earned Income Tax Credit, Interest, Dividends From Personal or real Property)</td> <td></td> </tr> <tr> <td>Total 6 (A) Through 6 (H)</td> <td style="text-align: center;">\$</td> </tr> </table>		Total Last 12 Months	(A) Gross Overtime Pay, Commissions, Fees, Tips and Bonuses		(B) Gross Income From Operation of a Business or Profession		(C) Periodic Payments From Annuities, Social Security, Insurance Policies, Pensions, Disability, Retirement Funds or Death Benefits		(D) Alimony, Child Support or Gifts Received from Persons Not Residing in Dwelling		(E) Workers' Compensation, Unemployment or Severance Pay		(F) Military Pay (including Regular, Reserve, Special Pay and/or Allowances)		(G) Veteran's Payments or Benefits		(H) Other (Earned Income Tax Credit, Interest, Dividends From Personal or real Property)		Total 6 (A) Through 6 (H)	\$	<p>7. Income Deductions:</p> <p>(A) Dependents (17 and under) \$ _____ (No. of Dependents times \$480)</p> <p>(B) Elderly Family Allowance \$ _____ (62 years or older)(\$400)</p> <p>(C) Child Care Expenses (12 years and under)(Actual) \$ _____</p> <p>(D) Handicapped Assistance of Non-Elderly family (Actual) \$ _____</p> <p>(E) Handicapped Asst Expenses & Medical expenses of Elderly Family \$ _____ (Actual)</p> <p>8. Total Deductions \$ _____</p> <p>9. ADD LINES 5&6 \$ _____</p> <p>10. Subtract Line 8 from Line 9 \$ _____</p> <p>11. Total Annual Income \$ _____</p> <p>12. Total Monthly Gross \$ _____ (Line 11 divided by 12)</p>
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Total 6 (A) Through 6 (H)	\$																				

HOUSEHOLD INCOME: VERY LOW/ LOW/ MODERATE (circle one)

I (We) certify, under the penalties of perjury, that our average monthly gross income from all sources, including salaries, wages, tips, commissions, rents, royalties, dividends, interest, profits, business operations, pensions and annuities, irrespective of expenses and voluntary or involuntary deductions, is correctly stated above. I (We) understand that inquiries may be made to verify the statements herein.

Occupant Signature and Date:	Occupant Signature and Date:
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Name of Preparer and Date Completed: