

General Income Verification

Source's Name: _____ Phone #: () _____

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

 Recipient: _____

The recipient named above has applied for an apartment governed by Tlingit-Haida Regional Housing Authority. We must verify all income and asset sources of this person and their household to determine initial and continued eligibility. Please complete the following information and return as soon as possible.

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

Applicant/Tenant Release Statement:

Applicant/Tenant Name: _____

I hereby authorize the release of the following information in order to determine my eligibility for the Housing Program. Please complete this form in full and return it to the T-HRHA at your earliest convenience.

Signature: _____ **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="radio"/> Veteran's Benefit, Retirement Pay or Annuity	\$ _____	_____
<input type="radio"/> Severance Pay	\$ _____	_____
<input type="radio"/> Insurance Settlement or Life Insurance Dividends	\$ _____	_____
<input type="radio"/> Disability or Death Benefit:	\$ _____	_____
<input type="radio"/> Contributions to Household:	\$ _____	_____
<input type="radio"/> Income from Real Estate:	\$ _____	_____
<input type="radio"/> Other: _____ <i>(Please list type)</i>	\$ _____	_____

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: _____