

Appendix VIII

SAMPLE VERIFICATION FORMS

The sample forms provided are, roughly, in the order in which they would be used to process an applicant for admission.

Application Forms

- Pre-application
- Application
- Annual Income Checklist
- Annual Income Worksheet
- Asset Checklist
- Asset Divestiture Data-gathering Worksheet
- Asset Income Worksheet
- Allowance Checklist
- Adjusted Income Worksheet
- Rent Calculation Worksheet
- Reasonable Accommodations Notice
- Special Unit Requirements Questionnaire
- Verification of Special Unit Features

Income Verification Forms

- Employment
- Public Assistance
- Social Security/SSI
- Child Support
- Military Pay
- VA Benefits
- Unemployment Benefits
- Pension or Annuity
- Self Employment
- Zero Income
- Asset Income

Allowances/Deductions from Income

- Full-time Student
- Non-reimbursement of Child Care Expenses
- Child care costs – Baby-sitter
- Child care costs – Day care center
- Medical Costs
- Prescription Costs
- Checklist for Disability Expense Verifications
- Verification of disability
- Disability Allowance
- Certification of need for attendant care or auxiliary apparatus
- Attendant care
- Employer's certification of need for auxiliary apparatus

Verification of Income from Employment

Re. _____

Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

1. Employed Since: _____ 2. Job Title: _____

3. Salary, Base Pay Rate: \$ _____ per hour \$ _____ per week \$ _____ per month

4. Average hours worked at Base Pay Rate: _____ hrs/week, or _____ hrs/month in year.

5. Is this person likely to get Overtime? Yes No If yes, Overtime Pay Rate \$ _____ Hr

6. Average number of Overtime hours expected during the next 12 months: _____ Hrs/Month

7. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.?

For _____ \$ _____ per _____

8. Is pay received for vacation? Yes No If yes, number of days/year: _____

9. Total Base Pay Earnings for last 12 months: \$ _____

10. Total Overtime Earnings for the last 12 months: & _____

Firm Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

Verification of Receipt of Public Assistance Income

Re. _____

Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

Number in Family: _____	\$ per Month
Temporary Assistance to Needy Families	\$ _____
General Assistance	\$ _____
Amount specifically designated for shelter and utilities (if any)	\$ _____
Other Assistance: Please specify: _____	\$ _____
TOTAL MONTHLY GRANT	\$ _____
Total Amount of Public Assistance provided in the past 12 Months	\$ _____

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

Verification of Receipt of Social Security/SSI Income

Re. _____

Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

1. Gross Monthly Payment \$ _____

2. Please check Type of Benefits Received by this family

(a) Social Security Retirement

Disability

Widow(er)

Child(ren)

(B) Supplemental Security Income (Including State Supplement)

Old Age

Disability

Blind

3. Monthly Medicare/Medicaid Deduction \$ _____

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature _____

Date _____

Verification of Receipt of Child Support Income

Re. _____

Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

Number of children on whom support is paid : _____

Names of child(ren) on whom child support is paid: _____

Name(s) and Address(es) of person(s) paying child support:

1. _____ 2. _____

Is Child Support Court Ordered? Yes No

Amount of Child Support Paid: \$ _____ per week, \$ _____ per month \$ _____ per year

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

Verification of Military Pay

Re. _____

Social Security # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

_____ Years and _____ Months of Service of Pay Purposes

INCOME

Base Pay and Longevity Pay	\$ _____
Proficiency Pay	\$ _____
Sea and Foreign Duty Pay	\$ _____
Hostile Fire Pay	\$ _____
Subsistence Allowance	\$ _____
Quarters Allowance (Government contribution only)	\$ _____
Number of Dependents claimed:	_____
Other: Please Explain:	_____ \$ _____

TOTAL MONTHLY AMOUNT RECEIVED \$ _____

Service Agency: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

Verification of Receipt of V.A. Benefits

Re _____ Claim #: _____ Serial #: _____
Social Security Number: _____ Ins. Policy #: _____ Pmt. Due Date: _____
Date of Birth: _____ WWI WWII Korea Vietnam Other: _____

Dear Sir/Madam:

Federal requirements oblige us to verify the incomes of families living in or applying for public housing or Section 8 housing. We ask your cooperation in supplying the information requested below about the referenced person. We will use the information you provide only to determine the family's eligibility and rent, and pledge to keep all data in strictest confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____

Sincerely: _____

1. **Period of Active Duty:** From _____ To: _____ & From _____ To _____

2. **Allowance for Education or Training:** School On-the-Job _____ \$ _____ / Month
Tuition, Fees, Books, Equip. Etc. \$ _____ /Month Subsistence: \$ _____ /Month
Effective Date of Current Award: _____ Ending Date: _____
Name & Address of School/Training Institution: _____

Name & Address of Employer: _____

3. **Compensation:** _____ \$ _____ /Month
For Service-connected: Disability Death Dependency and Indemnity

Non-Service-connected pension: Disability Death Effective Date of Award: _____

4. **Other Payments** (Monthly Insurance, etc.) _____ \$ _____ /Month

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

Verification of Receipt of Unemployment Benefits

Re. _____

Social Security # _____

Claim # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

Gross Weekly Payment: _____ \$ _____

Is Claimant eligible for further benefits? Yes No

Date of Initial Payment: _____

Duration of Benefits _____

How many weeks of Benefits remaining? _____

Amount of Benefits remaining? \$ _____

Termination date of Benefits is? _____

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

Verification of Pension or Annuity Income

Re. _____ Social Security # _____
ID # _____

Dear Sir/Madam;

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call _____.

Sincerely: _____

Current Gross Monthly amount of Pension	\$ _____ / Month
Current Gross Monthly amount of Annuity	\$ _____ /Month
Deductions for Gross Medical Insurance Premium	\$ _____ /Month
Other Deductions, Please specify: _____	\$ _____ /Month
Date of Initial Award:	_____
Effective Date of Current amount	_____

Agency Name: _____ Address: _____

Name of Person Completing this Form: _____ Date: _____

Title: _____ Signature: _____

Applicant/Tenant Release

I _____ hereby authorize the release of the requested information.

Signature

Date

Self Employment Income Verification Form

Full Name of Applicant or Tenant; _____

Present Address of Applicant or Tenant _____

I hereby certify that I, _____ (Name) received a total of

\$ _____ for the following work:

I expect to earn \$ _____ for the coming 12 months (from _____

To _____) for the following work:

I understand that if my actual earnings are different from those reported above, that I may be required to report any changes to the Housing Authority.

Signature of Applicant or Tenant

Date

Signature of Notary Public

Date

Name of Notary Public: _____

Date Commission Expires: _____

Zero Income Checklist and Worksheet: Verification of Non-case Contributions

This Checklist and Worksheet is to be completed for all families whose Total Tenant Payment equals the minimum rent, or, for PHA's without minimum rents, for all families reporting less than \$100 per month in total income. The Form should be completed prior to admission and at each recertification (which may be monthly or quarterly depending on the PHA's policy on re-examination of tenant's with minimum rents or zero income). The form first lists all the cash and non-cash contributions the family is receiving and then assists PHA staff to compute the annual value of such contributions. This form should be completed after the Home Visit to an applicant or a home inspection of a resident. The family is required to submit documentation of amounts claimed.

1. Food Expenses

Is the family receiving Food Stamps? Yes No. If yes, what is the monthly value of food stamps? \$____
If no, what is the family's weekly grocery bill? \$_____ How does the family pay the weekly grocery bill? _____

If someone other than a member of the applicant/tenant family contributes to groceries, who contributes? _____
What is the average cash weekly amount for groceries contributed from all sources? \$_____

This amount is income.

Does anyone contribute groceries or prepared food to the family on a regular basis? Yes No If yes, what is the average weekly value of groceries or prepared food contributed? \$_____ **This amount is income.**

Note: Food contributed by food banks, received from the surplus commodity program, the WIC program, or consumed at publicly or non-profit funded meals programs does not count as income. Food or cash for food contributed by private persons does count as income.

Verification: The family should bring in at least one month's worth of grocery receipts. Check the receipts to make sure a family of that size could manage on the amount of food documented.

2. Cleaning, Grooming and Paper Products Expenses

What is the weekly value of paper products used by the family? Include paper napkins, toilet paper, paper towels, trash bags, other paper goods, and disposable diapers. \$_____ How does the family pay for these paper products? _____ If someone other than a member of the applicant/tenant family contributes to paper products, who contributes? _____ What is the average weekly value of cash contributions for paper products? \$_____ **This amount is income.**

Does anyone contribute paper products to the family on a regular basis? Yes No. If yes, what is the average weekly value of paper products contributed to the family? \$_____ **This amount is income.**

What is the weekly value of grooming products and services used by the family? Include soap, deodorant, shampoo, toothbrushes, toothpaste, dental floss, cosmetics, hair color, barber, beautician services etc. \$_____ How does the family pay for the cost of grooming products and services? _____ If someone other than a member of the applicant family contributes to grooming products, who contributes? _____ What is the average weekly value of contributions (cash or products) for grooming products? \$_____ **This amount is income.**

What is the weekly value of cleaning products used by the family? Include dishwashing soap, laundry detergent, and household cleaning products. \$_____ How does the family pay for cleaning products? _____ If someone other than a member of the applicant/tenant family contributes to cleaning products,

who contributes? _____ What is the average weekly value of cash contributions for cleaning products? \$ _____ **This amount is income.**

Does anyone contribute cleaning products to the family on a regular basis? Yes No. If yes, what is the average weekly value of cleaning products contributed to the family? \$ _____ **This amount is income.**

Verification: Most families buy cleaning supplies, grooming products and paper products at the grocery store. Review the families grocery receipts to help verify amount spent.

3. Transportation Expenses

Does the family own a car? Yes No. If yes, are there still payments due on the car? Yes No. If yes, what is the amount of the monthly car payment? \$ _____ How does the family make the car payment? _____ If someone other than a member of the applicant/tenant household contributes to the car payment, who contributes? _____ What is the monthly amount of contribution toward the car payment? \$ _____ **This amount is income. The amount is income whether it is cash paid to the family or cash paid directly to the holder of the car note.**

If the family owns a car outright (no payments are due), what are the average monthly amounts the family pays for the following:

Gas \$ _____ Maintenance \$ _____ Insurance \$ _____ Tires \$ _____

How does the family pay for these auto-related expenses? _____

If someone other than a member of the applicant/tenant family contributes to the car's operating costs, who contributes? _____ What is the average monthly amount of cash or direct payment contribution to the car's operating costs? \$ _____ **This amount is income.**

Verification: The family should bring in one month's gas receipts, proof of insurance and proof of car payment (if applicable).

Note: Uninsured automobiles cannot be parked on PHA property.

If the family does not own a car, what does the family use for transportation? _____ How does the family pay for this transportation? _____ If someone other than a member of the applicant/tenant family contributes to other transportation costs, what is the average monthly amount of cash or other contribution to transportation? \$ _____ **This amount is income.**

Verification: A family without a car should provide a credible statement of the way they pay for transportation to shop, attend school, visit friends, take care of medical needs, attend church, etc.

4. Entertainment Expenses

Does the family have a cable TV connection? Yes No. If yes, does the family have the basic minimum service or do they also have any premium channels? Yes No. What is the average monthly cost of cable TV service? \$ _____ How does the family pay for the cable TV service? _____ If someone other than a member of the applicant/tenant family contributes to the cost of cable TV service, who contributes? _____ What is the average monthly contribution (in cash or direct payment to the cable company) for cable TV? \$ _____ **This amount is income.**

What are the average weekly costs of other types of entertainment to the family? Include the following:

Magazines \$ _____ Movies \$ _____ Video Rentals \$ _____ Club memberships \$ _____
Sporting events \$ _____ Liquor/Beer/Wine \$ _____ Lottery tickets \$ _____
Vacations \$ _____ Other entertainment \$ _____

How does the family pay for the other entertainment costs? _____ If someone other than a member of the applicant/tenant family contributes to the cost of other entertainment, who contributes? _____ What is the average monthly contribution (in cash or entertainment provided) for other entertainment? \$ _____ **This amount is income.**

Verification: The family should bring in two monthly bills for cable TV, plus receipts for other entertainment costs.

5. Clothing Expenses

What are the ages and sexes of all family members? _____

What is the average monthly cost for clothing and shoes for the family? _____ How does the family pay for clothing and shoes? _____ If someone other than a member of the applicant/tenant family contributes to the cost of clothing, who contributes? _____ What is the average monthly contribution (in cash or new clothes and shoes) for clothing? \$ _____ **This amount is income.**

What is the weekly amount spent by the family for laundry/dry cleaning clothing? \$ _____ How does the family pay for cleaning its clothing? _____ If someone other than a member of the applicant/tenant household contributes to the cost of cleaning clothing, who contributes? _____ What is the average monthly contribution for clothes cleaning? \$ _____ **This amount is income.**

Note: Clothing acquired from Clothing banks or given to the family second hand is not counted as income.

Verification: The family should provide a schedule that shows when clothing and shoes are purchased and the amounts spent. Remember that children will need more clothing and shoes than adults because they are growing.

6. Smoking Expenses

Does anyone in the applicant/tenant household smoke cigarettes or cigars? Yes No. If yes, how many packs per day, are smoked by the smokers in the household? _____ How does the family pay for the cost of cigarettes/cigars? _____ If someone other than a member of the applicant/tenant household contributes to the cost of smoking, who contributes? _____ What is the average monthly contribution (in cash, cigarettes or cigars) \$ _____ **This amount is income.**

Verification: The family should document the brand of cigarettes/cigars smoked and the staff will document the least expensive price for that brand in the locality to impute cost.

7. Communications Expenses

Does the family have a telephone? Yes No. If yes, how many lines does the family have into its house/apartment? _____ Does the family have any special telephone services? (For example, call waiting, call forwarding, caller ID, etc.) Yes No. Does anyone in the family have a cell phone? Yes No. What is the average monthly cost for telephone service? \$ _____ How does the family pay for the cost of telephone service? _____ If someone other than the a member of the

applicant/tenant household contributes to the cost of telephone service, who contributes? _____ What is the average monthly contribution (in cash or direct payment of the telephone bill) for telephone service? \$ _____ **This amount is income.**

Does anyone in the family have a pager/beeper? Yes No. If yes, how many members have beepers/pagers? _____ What is the average monthly cost for the beepers/pagers? \$ _____ How does the family pay for the cost of beepers/pagers? _____ If someone other than a member of the applicant/tenant household contributes to the cost of beeper/pager service, who contributes? _____ What is the average monthly contribution (in cash or direct payment of the beeper/pager bill)? \$ _____ **This amount is income.**

Does the family have an Internet connection? Yes No. If yes, who is the Internet provider?

_____ What is the monthly cost of the Internet connection? Is there a dedicated telephone line for the Internet? Yes No. If yes, does the telephone line show on the family's telephone bill? Yes No. If no, get a copy of the family's other telephone bill. How does the family pay for the Internet connection? _____ What is the average monthly cost of the Internet connection? \$ _____ If someone other than a member of the applicant/tenant family contributes to the cost of the Internet connection, who contributes? _____ What is the average monthly contribution (in cash or direct payment to the Internet provider) for Internet services? \$ _____ **This amount is income.**

Verification: The family should bring in at least two month's worth of bills for telephone, beeper/pager and Internet services, as applicable. Review the bills carefully to determine the average monthly cost for communications services.

8. Shelter Expenses

For applicants, what is the average monthly cost for housing and utilities? \$ _____ How does the applicant pay the cost of shelter? _____ If someone other than a member of the applicant household contributes to housing or utility costs, who contributes? _____ What is the average monthly contribution to shelter (housing plus utilities)? _____ Will the person(s) contributing toward shelter continue to do so when the applicant is admitted to public housing? Yes No. If no, why not? _____

For tenants, what is the average monthly cost for housing and utilities? \$ _____ How does the tenant pay the cost of shelter? _____ If someone other than a member of the tenant household makes a contribution toward the shelter cost, who contributes? _____ What is the value of the contribution toward shelter? \$ _____ **This amount is income.**

Verification: Families should bring in documentation of their actual cost for housing and utilities.

9. Medical Expenses

Does the family have any unreimbursed medical expenses? Yes No. If yes, what is the average monthly cost of unreimbursed medical expenses? \$ _____ How does the family pay for unreimbursed medical expenses? _____ If someone other than a member of the

applicant/tenant household contributes toward medical expenses, who contributes? _____
Such contributions are not income.

10. Miscellaneous Expenses

Listed below are a series of expenses the family might have. Indicate the monthly amount the family spends on any applicable expenses and the amounts contributed toward the expenses:

Church contributions \$ _____ Unreimbursed Educational Expenses \$ _____
Unreimbursed Child care Expenses \$ _____ Unreimbursed Job Expenses \$ _____

Review the information provided above against the observations of staff conducting the home visit/home inspection. Does the information appear to be consistent? If not, insist that the applicant explain any variations. For example, if the applicant does not admit to having telephone or cable TV service but they have been observed in the home, press the point.

Worksheet for Income from Contributions

1. What is the family's verified Annual Income? \$ _____ Does the Annual Income include any contributions from persons outside the applicant/tenant household? Yes No. If no, it may be necessary to increase the annual income to reflect such contributions, which will also increase rent.
2. Does the family have any income that is excluded from Annual income? Yes No. What is the annual amount of excluded income? _____ Such excluded income would include foster care payments, the first 12 months of increased income of a person who was formerly unemployed and is now working, scholarships and student loans, and all other income specifically excluded in the PHA's A & O Policy. If a family can verify receipt of excluded income sufficient to cover the family's annual expenses shown below, it will not be necessary to increase annual income to reflect contributions. Remember, the applicant/tenant must verify excluded income just like Annual Income.
3. On the matrix below, compute the family's annual expenses using the amounts from the worksheet above:

To compute annual expenses, multiply weekly average costs by 52 and monthly average costs by 12.

Type of Cost	\$ Weekly Expenses	\$ Monthly Expenses	\$ Annual Expenses	\$ Contributed Toward Expenses
1. Food				
2. Cleaning, Grooming and Paper products				
3. Transportation				
4. Entertainment				
5. Clothing				
6. Smoking				
7. Communications				
8. Shelter (Housing and Utilities)				
9. Medical				
10. Miscellaneous				
TOTALS				

4. When the matrix is completed, total the two columns on the left: \$ Annual Expenses and \$ Contributed Toward Expenses. From some source, the family has sufficient income to pay the total in the \$ Annual Expenses column. If the Annual Income shown in # 1 above plus any excluded income shown in # 2 above is less than \$ Annual Expenses, Annual Income has been understated and must be increased.
5. Review the amounts included in Annual Income. Are all the \$ Contributed included in Annual Income? If not, add any Contributions not included to Annual Income. Once again, add Annual income and Excluded income. If the total of these two income sources still does not equal \$ Annual

Expenses, some form of income, usually Contributions, has been understated. Unless the family can verify additional excluded income, the Contributions amount should be increased until the total of Annual Income and Excluded Income equal Annual Expenses.

Housing Authority
ASSET VERIFICATION

VETERANS ADMINISTRATION, U.S. DEPARTMENT OF HOUSING AND URBAN
DEVELOPMENT and PUBLIC HOUSING AGENCIES

Request for Verification of Deposit

PRIVACY ACT NOTICE STATEMENT - This information is to be used by the agency collecting it in determining whether you qualify as a prospective Tenant or mortgagor for mortgage insurance or guaranty as a borrower for rehabilitation loan under the agency's program. It will not be disclosed outside the agency without your consent except to financial institutions for verification of your deposits and as required and permitted by law. You do not have to give us this information, but, if you do not, your application for approval as a prospective tenant or mortgagor for mortgage insurance or guaranty or as a borrower for a rehabilitation loan may be delayed or rejected. This information request is authorized by Title 38, U.S.C., Chapter 37 (if VA); by 12 U.S.C., Section 1701 at seq., (if HUD/FA); and by 42 U.S.C., Section 1452b (if HUD/CPD).

Instructions:

Public Housing Authority: Complete Items 1 through 8. **Applicant:** complete Item 9. Forward directly to the Depository named in Item 1. **Depository:** Please complete Items 10 through 15 and return DIRECTLY to Public Housing Authority named in Item 2.

Part 1. Request

1. TO (Name and Address of Depository)

2. FROM (Name and Address of
Public Housing Authority)

I certify that this verification has been sent directly to the bank or depository and has not passed through the hands of the applicant or any other party.

3. _____ Date
Signature of Lender or Official of Local
Processing Age

5. _____

4. _____
Title

6. _____
Lender's Number (optional)

7. INFORMATION TO BE VERIFIED:

Type of Account and/ or Loan	Account/Loan in Name of	Account/Loan #	Balance

TO DEPOSITORY: I have applied for public housing and stated that the balance on deposit and/or outstanding loans with you are as shown above. You are authorized to verify this information and to supply the lender or the local processing agency identified above with the information requested in Items 10 through 12. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

8. Name and Address of applicant(s)

9. Signature(s) of Applicant(s)

To be Completed by Depository
Part II - Verification of Depository
 10. DEPOSIT ACCOUNTS OF APPLICANT(S)

Type of Account	Number	Current Balance Previous 2 months	Average Balance Opened	Date
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

11. LOANS OUTSTANDING TO APPLICANT(S)

Loan #	Date of	Original	Current	Installments	Secured	# of Late
				per		
				per		
				per		

12. ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE IN DETERMINATION OF CREDIT WORTHINESS: (Please include information on loans paid-in-full as in Item 11 above).

13. _____
Signature of Depository Official

14. _____
Date

Title

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The completed form is to be transmitted directly to the lender or local processing agency and is not to be transmitted through the applicant or any other party.

