[Management Company Letterhead]

INCOME VERIFICATION FOR HOUSEHOLDS WITH SECTION 8 CERTIFICATES

			Unit #:
To:	Section 8 Program Admir	nistrator	
Housing Authority:			
Address:			
City, State, Zip:			
payments under HUD's S building owner declaring	Fax Credit and/or HOME-a Section 8 Existing Housing	ssisted property. In Program, regulation oes not exceed the ap	the case of a tenant receiving housing assistance as allow that if the PHA provides a statement to the opplicable limit under the LIHTC and/or HOME ome.
Number of Household M	lembers:	Move-in	Re-certification
Permission by:(Applie	cant/Resident's Signature)		(Date)
Under the applicable pro \$ (Income Limit)	gram, the combined annual	income of the house	ehold before any adjustments, cannot exceed
Please complete the section advance for your prompt		rm in the enclosed se	elf-addressed, stamped envelope. Thank you in
Sincerely,			
Apartment Manager			
THE FOLLOWING TO	O BE COMPLETED BY	THE PUBLIC HOU	USING AUTHORITY:
Based on the last income certification/re-certification effective on			, the household consists of
			v adjustments, does not exceed the income
(Signature)		(Date)	(Phone #)
(Printed Name)		(Title)	_

The Low Income Housing Tax Credit Program and HOME Program are federal low-income rental housing programs. Program regulations require owners to determine the income eligibility of all tenants occupying tax credit units. (Owners should be aware that although the verification requirements may be met through the use of this form, a Tenant Income Certification (TIC) must still be completed annually.)