

**VERIFICATION OF ANNUAL INCOME, HOUSEHOLD SIZE, AND UTILITY ALLOWANCE
BY THE SECTION 8 ADMINISTRATIVE AGENCY FOR SECTION 8 ASSISTED APPLICANTS**

APPLICANT: _____	SOCIAL SECURITY #: _____
ADDRESS: _____	FAMILY SIZE: _____
I authorize the owner/manager of the Low Income Housing Credit property identified below to make inquires regarding my income, household size, and utility allowance for determining occupancy within the guidelines of IRC Section 42. I further authorize the Section 8 Administrative Agency to release a copy of my signed application for rental assistance, and/or any information contained within that application which will verify my eligibility for occupancy.	
APPLICANT SIGNATURE: _____	DATE: _____

TO THE SECTION 8 ADMINISTRATIVE AGENCY:	
The applicant identified above has indicated that he/she is receiving Section 8 assistance from your agency. Information provided will remain confidential and will be to determining eligibility for occupancy in a Low Income Housing Credit property as required by IRC Section 42.	
OWNER/MANAGER SIGNATURE: _____	DATE: _____

This is to certify that the applicant identified above is a recipient of Section 8 Rental Assistance from this Section 8 Administrative Agency. The following information has been verified by the Agency and certified by the applicant.	
Family Gross Annual Income:	_____
Number of Persons in Family:	_____
Monthly Utility Allowance Calculation for the Unit:	_____
Signature of Certifying Official:	_____
Section 8 Administrative Agency:	_____
Date:	_____
Contact Telephone Number:	_____

