



City of Spokane  
Community, Housing, and  
Human Services Dept.  
808 W. Spokane Falls Blvd  
Spokane, WA 99201-3339  
(509) 625-6325

## TENANT INCOME VERIFICATION

To be completed by Owner/Manager for each HOME unit at tenant Initial Occupation and when Re-verification is required.

Prior to first occupancy, tenants of HOME assisted units must have completed and signed the Income Verification Form as evidence of qualification for the program. Attach documentation to support the household income (i.e. award letters from SSI, SSA, child support, unemployment benefits, and copies of paycheck stubs and/or W2 forms.) All sections must be completed. If an item is not applicable, denote as N/A.

Project Name: \_\_\_\_\_

### 1 Lease Holder and Building Information

Type of Verification for Lease Holder/Tenant: Initial Verification \_\_\_\_\_ 6 year Re-verification \_\_\_\_\_

Name of Lease Holder/Tenant: \_\_\_\_\_

Unit: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_ List Tenant Paid Utilities: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_ No. Bedrooms: \_\_\_\_\_

### 2 Household Member Information

Single Parent Household? (yes/no) Disabled Family Member? (yes/no) Total persons in household: \_\_\_\_\_

List all occupants of the unit starting with the head of household.

Member #	First Name	Last Name	Age	Sex	Special Needs
1 - HH					
2					
3					
4					
5					
6					
7					
8					

### 3 Household Gross Annual Income and Assets

List all sources of incomes for all occupants of the unit starting with the head of household.

Member #	Job(s)	Public Aid	SSI	Child Support	Income From Assets*	Other
1 - HH						
2						
3						
4						
5						
6						
7						
8						
Totals	\$	\$	\$	\$	\$	\$



\*Identify the Type of Assets (i.e. checking/savings account, stocks, bonds, etc.)

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**Total Annual Household Income from all sources:** \_\_\_\_\_

**4 Determination of Household Eligibility**

Use current HUD Rent and Income Tables or:

$$\frac{\text{Total annual household income}}{\text{Current 100\% AMI for total \# people in household}} \times 100 = \% \text{ AMI} =$$

The household qualifies for which income limit? (Check one)

Extremely Low-Income (30% AMI) \_\_\_ Very Low-Income (50% AMI) \_\_\_

Greater than 50% of Area Median Income \_\_\_ (Notify Community Development)

Does the household match the approved unit income limits for this project? Yes \_\_\_ No \_\_\_

**5 Tenant Ethnicity and Race** Voluntary reporting for statistical purposes only. Complete both sections.

Ethnicity: Hispanic or Latino ethnicity? \_\_\_ Yes \_\_\_ No

Race: Please select one or more applicable race categories:

- |   |  |
|---|--|
| <input type="checkbox"/> White                  | <input type="checkbox"/> American Indian/Alaskan Native                          |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander                  |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Black/African American & White                          |
| <input type="checkbox"/> Asian & White          | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> American Indian/Alaskan Native & White                  |

**6 Certification by all Parties**

*I hereby certify, under penalty of perjury, that the above information is true and correct as of this date. I agree to provide source documentation upon request.*

\_\_\_\_\_  
Signature of Head of Household and Date

\_\_\_\_\_  
Signature of Owner/Manager and Date

