

## INITIAL TENANT INCOME VERIFICATION

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



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

Prior to first occupancy and every 6<sup>th</sup> project year, tenants of HOME assisted units must complete an Income Verification form and **attach 2 months of supporting household income documentation**. Household income documentation includes 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: \_\_\_\_\_ Project Address: \_\_\_\_\_

### 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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**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:

- |                             |  |
|-----------------------------|--|
| ____ White                  | ____ American Indian/Alaskan Native                          |
| ____ Black/African American | ____ Native Hawaiian/Other Pacific Islander                  |
| ____ Asian                  | ____ Black/African American & White                          |
| ____ Asian & White          | ____ American Indian/Alaskan Native & Black/African American |
| ____ Other                  | ____ 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.*

\_\_\_\_\_  
Printed name of Head of Household

\_\_\_\_\_  
Printed name of Owner/Manager

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

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