INITIAL TENANT INCOME VERIFICATION

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



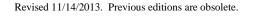
City of Spokane Community, Housing, and Human Services Dept. 808 W. Spokane Falls Blvd Spokane, WA 99201-3339 (509) 625-6325

Verification documentati	form and attach 2 n on includes award le	nonths of supp tters from SSI,	orting household SSA, child suppo	l income doo rt, unemploy	cumenta ment be	st complete an Income tion. Household income nefits and copies of plicable, denote as N/A.		
Project Nam	ne:		Project Address:					
1 Lease	Holder and Buildin	ng Information	1					
Type of Ver	ification for Lease H	older/Tenant:	Initial Verificat	ion	6-y	vear Re-verification		
Name of Lea	ase Holder/Tenant: _							
Unit:	Monthly Rent: _		List Tenant Paid	Utilities:				
Move-in Da	te:	Move-	out Date:		No. Bedrooms:			
2 House	ehold Member Info	rmation						
Single Parent Household? (yes/no) Disabled Family Member? (yes/no) Total persons in household:								
List all occu	pants of the unit star	ting with the he	ead of household.					
Member #	First Name	L	ast Name	Age	Sex	Special Needs		
1 - HH								
2								
3								
4								
5								
6								
2 3 4 5 6 7 8								
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	d Income Tables or:				
Total annual household income Current 100% AMI for total # people in hou					
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	or 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 categor	ries:				
 White Black/African American Asian Asian & White Asian & White Other American Indian/Alaskan Native American Indian/Alaskan Native & Black/African American American Indian/Alaskan Native & White 					
6 Certification by all Parties					
I hereby certify, under penalty of perjury, that the above information source documentation upon request.	on is true and correct as of this date. I agree to provide				
Printed name of Head of Household Printed name of Head of Household	nted name of Owner/Manager				
Signature of Head of Household and Date Sig	Signature of Owner/Manager and Date				

Revised 11/14/2013. Previous editions are obsolete.

