

## Section 8 Tenant Income Verification Form

**Instructions:** This form is used to verify the income of applicants or participants in the Section 8 Housing Choice Voucher Program. Please complete all applicable sections. This form is designed for printing and manual completion or manual entry.

### 1. Tenant/Applicant Information

Full Name:	<input type="text"/>
Social Security Number (Last 4 Digits):	<input type="text"/>
Case Number / Voucher ID:	<input type="text"/>
Current Address:	<input type="text"/>
City, State, Zip:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

### 2. Household Composition

List all household members who will reside in the unit and their relationship to the head of household.

Full Name	Relationship to Head	Age	Source of Income (if any)
<input type="text"/>	Head of Household	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 3. Employment & Income Sources

Please enter information for all active sources of income (Employment, Self-Employment, Child Support, Alimony, Social Security, Pensions, Public Assistance, etc.).

#### Employer / Income Source 1

Employer or Source Name:	<input type="text"/>
Address / Contact Info:	<input type="text"/>
Gross Monthly Wages / Income Amount:	<input type="text"/>
Frequency (Weekly, Bi-Weekly, Monthly):	<input type="text"/>

#### Employer / Income Source 2

Employer or Source Name:	<input type="text"/>
Address / Contact Info:	<input type="text"/>
Gross Monthly Wages / Income Amount:	<input type="text"/>

Frequency (Weekly, Bi-Weekly, Monthly):	<input type="text"/>
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**4. Other Assets & Income**

Asset Type	Financial Institution / Source	Current Value or Balance	Annual Income Generated
Checking Accounts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings Accounts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Real Estate / Property	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Assets (Stocks, Bonds, Pension)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**5. Certification & Signatures**

*Under penalty of perjury, I certify that the information presented in this verification form is true and accurate to the best of my knowledge. I understand that providing false statements or information can result in the termination of my Section 8 housing assistance and prosecution under federal and state laws.*

Tenant / Applicant Printed Name:

Tenant / Applicant Signature:

Date (MM/DD/YYYY):

**To be completed by Public Housing Agency (PHA) Staff:**

Verified By (Staff Name):	<input type="text"/>	Signature:	<input type="text"/>
Verification Date:	<input type="text"/>	Status (Approved/Denied/Pending):	<input type="text"/>