

# SECTION 8 INCOME VERIFICATION

Send To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ has applied for residency or is currently a resident at \_\_\_\_\_ Apartments, an affordable housing project financed by Hawaii Housing Finance and Development Corporation (HHFDC). As part of our processing, we must obtain verification of the household's anticipated **gross** annual income.

Requirements for all the HHFDC affordable housing programs require the verification of anticipated gross annual household income. For the applicable housing program for this household:  LIHTC,  HOME (if in accordance with HOME and County requirements),  RHRF,  HMMF,  RAP, gross income cannot exceed \$ \_\_\_\_\_, the applicable income limit for this unit.

Thank you for your assistance,

\_\_\_\_\_  
Property Representative                      Date

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### Permission to Release Information

I give my permission to the housing authority to release the requested income information.

\_\_\_\_\_  
Signature of Applicant/Resident                      Date

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### To be completed by the Public Housing Authority/County Section 8 Administrator

Household Surname \_\_\_\_\_ Family Size \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_

We certify that the income of this household is verified at least annually in accordance with HUD Section 8 procedures, and that effective on \_\_\_\_\_ (effective date must be date of an initial or annual certification only), the Certified GROSS Income (before adjustments) was \$ \_\_\_\_\_.

### *AUTHORIZED SIGNATURE*

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

**RETURN TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### *--OFFICE USE ONLY--*

Date Sent: \_\_\_\_\_ Comments: \_\_\_\_\_  
Date Received: \_\_\_\_\_