

## **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 RHTF HMMF RAP, gross income cannot exceed \$ \_\_\_\_\_, the applicable income limit for this unit.

Thank you for your assistance,

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

---

### **Permission to Release Information**

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

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

---

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

---

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

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