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: _____ _____

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