## **VERIFICATION OF SECTION 8 ELIGIBILITY**

TO: (Name & Address)			
	<del></del>		
De.			
Re:Applicant/Tenant Name	Social Security Number	Unit # (if assigned)	
PERMISSION FOR RELEASE OF INFORMATION: I h	nereby authorize the release of the reque	sted information.	
Signature of Applicant/Tenant	Signature Date		
The individual named directly above is an applicar remain confidential to satisfaction of that stated p		ires verification of income. The information providucial and greatly appreciated.	ed will
Project Owner/Managing Agent	Mail/fax/email form to:		
THIS SECTION	TO BE COMPLETED BY LOCAL H	DUSING AUTHORITY	
In accordance with the IRS regulation Vol. 57 N development is required to have the following			
Tenant Name	, family size of	, residing in a size unit # of bedrooms	
located at		ounty of, is receivin	ıg
Section 8 pursuant to the United States Housing	g Act of 1937.		
This household is currently undergoing gross annual income amount until			
2 This household has a completed incomfamily's gross annual income, without any deduconsistent with the determination of annual income.	uctions or allowances, is \$	date of The and is calculated in a manner	
Local Housing Authority Name:			
Signature:		<u></u>	
Print your name:			
Title:Address:	Email:		

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any mater within its jurisdiction.