

INCOME VERIFICATION FROM PUBLIC HOUSING AUTHORITY (PHA) FOR HOUSEHOLDS RECEIVING SECTION 8 HOUSING CHOICE VOUCHERS

(09/24)

Name of Housing Authority			
Address of Housing Authority		City	State
		ZIP Code	
Applicant	Last Four Digits of Social Security Number	Date	

TO BE COMPLETED BY PROJECT MANAGER

The person listed above has indicated that he or she is receiving Section 8 housing assistance from your agency. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development bound by land and use restrictions under a program administered by North Dakota Housing Finance Agency.

Project Management Agent

TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy.

Signature	Date
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TO BE COMPLETED BY PHA STAFF

The total annual gross income for the above-named household without any deductions or allowances , as verified by this PHA is		
According to this PHA's records, the total number of members in the above named household is		
Names of Household Members		
Printed Name of PHA Representative Completing This Form		Signature of PHA Representative Completing This Form
Telephone Number	Email Address	Date

TO BE COMPLETED BY PROJECT MANAGER

Please Return To	Telephone Number	Email Address
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Note: As an alternative to filling out this form, the PHA may instead attach a copy of the form 50058 for the household.