

INCOME VERIFICATION FROM FEDERAL OR STATE RENTAL ASSISTANCE PROGRAMS (OTHER THAN SECTION 8 HOUSING CHOICE VOUCHERS)

(09/24)

Name of Organization Providing Rental Assistance				
Address of Organization Providing Rental Assistance		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 rental assistance from your organization. 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
-----------	------

TO BE COMPLETED BY ORGANIZATION PROVIDING RENTAL ASSISTANCE

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

TO BE COMPLETED BY PROJECT MANAGER

Please Return To	Telephone Number	Email Address
------------------	------------------	---------------