

# SAFE HARBOR INCOME VERIFICATION

## Means-Tested Form for Federal Public Assistance

To be completed by assistance program agency, when using the safe harbor income determination for move-in and/or recertifications. Please complete and return promptly.

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**RELEASE STATEMENT FOR APPLICANT/RESIDENT** I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME: \_\_\_\_\_

LAST 4 SSN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### The following is to be completed by assistance program agency representative

Please fill in ALL blanks. Enter N/A if an item is not applicable to the above individual.

Head of Household: \_\_\_\_\_

# of Household Members: \_\_\_\_\_

Total Gross Income (before deductions): \_\_\_\_\_

Date Income Verified: \_\_\_\_\_

### **Household Members (list all):**

| Household Member Name | Date of Birth | Relationship to HoH |
|-----------------------|---------------|---------------------|
|                       |               |                     |
|                       |               |                     |
|                       |               |                     |
|                       |               |                     |
|                       |               |                     |

### **Income was determined for the following Federal Public Assistance Programs**

\*if "other" is chosen additional documentation needs attached

☐ TANF - Temporary Assistance for Needy Families (42 U.S.C. 601, et seq)

☐ Medicaid (42 U.S.C. 1396 et seq)

☐ SNAP - Supplemental Nutrition Assistance Program (42 U.S.C. 2011 et seq)

☐ WIC - Special Supplemental Nutrition Program for Women, Infants, and Children (42 U.S.C. 1786)

☐ SSI - Supplemental Security Income (42 U.S.C. 1381 E)

☐ Other Means-Tested forms of Federal Public Assistance for which HUD has established a memorandum of understanding

☐ Other Federal benefit determinations made in other forms of means-tested Federal public assistance that the Secretary determines to have comparable reliability and announces through the Federal Register

### **AUTHORIZED REPRESENTATIVE:**

I certify that the above information is true and correct to the best of my knowledge.

Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Email: \_\_\_\_\_