

**INCOME VERIFICATION FROM PUBLIC HOUSING AUTHORITY
FOR HOUSEHOLDS RECEIVING SECTION 8 HOUSING ASSISTANCE PAYMENTS**

The following is submitted as documentation to support the tenant income certification for the following household to determine their eligibility for housing. The household has applied to reside in a unit funded by the Indiana Housing and Community Development Authority ("IHCD") through Low Income Housing Tax Credits, the HOME Investment Partnerships Program, the National Housing Trust Fund, and/or similar federal affordable housing programs.

*Note: As an alternative to filling out this form, the PHA may instead provide the requesting owner agent with a copy of Form 50058 for the household.

TO BE COMPLETED BY OWNER REPRESENTATIVE

Head of Household Name: _____

of Household Members: _____

Names of Additional Household Members:

Social Security Number (last four digits) of Head of Household: _____

TO BE COMPLETED BY PUBLIC HOUSING AUTHORITY REPRESENTATIVE

The above-named household's annual gross household income (before deductions) has been verified by the Public Housing Authority as \$_____.

Name of PHA: _____

PHA Representative's Printed Name

PHA Representative's Title

PHA Representative's Signature

Date

Telephone Number

E-Mail Address



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.

