

**SAFE HARBOR INCOME VERIFICATION
FOR MEANS-TESTED FORMS OF FEDERAL PUBLIC ASSISTANCE**

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 Credit Program.

TO BE COMPLETED BY OWNER/OWNER REPRESENTATIVE

	Last Name	First Name	DOB MM/DD/YY	Relationship to HoH
Head of Household				
Household Member				
Household Member				
Household Member				
Household Member				
Household Member				
Household Member				
Total number of household members				

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

TO BE COMPLETED BY ASSISTANCE PROGRAM ADMINISTRATOR/AGENCY

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

Date of income determination (MM/DD/YY): ____ / ____ / ____

Income was determined for the following federal public assistance program- (Mark program with an "X"):

- _____ 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.)
_____ EITC – Earned Income Tax Credit (26 U.S.C. 32)
_____ WIC – Special Supplemental Nutrition Program for Women, Infants, and Children (42 U.S.C. 1786)
_____ SSI – Supplemental Security Income (42 U.S.C. 1381 et seq.)

Name of Agency: _____

Representative's Printed Name

Representative's Title

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.

