

# 2017 Income and Residency Verification

Please complete the shaded sections of this form

<hr/> Name of person in the program/receiving assistance			
<hr/> Address	<hr/> City	<hr/> Zip Code	<hr/> Phone

List each person who lives in the home (including yourself):

	Name	Age	Sex	Race <i>(White, Asian, American Indian, Black, Pacific Islander)</i>	Hispanic/Latino Ethnicity <i>(Yes or No)</i>	Relationship
1			M / F		Y / N	
2			M / F		Y / N	
3			M / F		Y / N	
4			M / F		Y / N	
5			M / F		Y / N	
6			M / F		Y / N	
7			M / F		Y / N	
8			M / F		Y / N	

→ List any additional household members on the back of this form.

Is the head of the household a single female?

Does anyone in the household have a physical or mental disability?

If yes, please describe the disability:

Continued on the back →

Note: All information given on this form will be kept in **COMPLETE CONFIDENCE** and used *only* for reporting general statistics to the U.S. Department of Housing and Urban Development.

How many people are in your household? \_\_\_\_\_

**Less than** (circle one)

\$14,250 per year	\$36,550 per year	\$48,700 per year
\$16,250 per year	\$36,730 per year	\$49,210 per year
\$20,160 per year	\$37,900 per year	\$50,050 per year
\$23,700 per year	\$39,250 per year	\$54,100 per year
\$24,300 per year	\$40,890 per year	\$58,450 per year
\$27,050 per year	\$41,950 per year	\$62,800 per year
\$28,440 per year	\$43,300 per year	\$67,100 per year
\$30,450 per year	\$44,650 per year	\$71,450 per year
\$32,580 per year	\$45,050 per year	\$75,750 per year
\$33,800 per year	\$47,350 per year	\$80,050 per year <b>or more</b>

*In some cases, you may be required to attach a copy of last year's Federal Income Tax form or a copy of a current paycheck stub or another approved proof/verification of income.*

I/We understand that the information provided on this document may be verified for accuracy and confirmation of eligibility to participate in this program funded by the U.S. Department of Housing and Urban Development. I/We certify that to the best of my/our knowledge this information is accurate and correct. The Administrators of this program may rely upon this information as confirmation of My/Our family's eligibility to participate.

Form completed by:

\_\_\_\_\_  
Name (please print)

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date