

Documentation of Telephone Verification

Applicant/Resident: _____

Unit #: _____

1. Oral (telephone) verifications may be used when other methods are not feasible. Describe the reasons(s) that third-party written or first hand verifications are not feasible in this instance:

2. In lieu of third-party written or first hand verification, on _____, at _____
(Date) (Time)

I spoke with _____, _____, at _____.
(Contact Person) (Title) (Name of Employer)

3. Gross Pay Before Deductions (select one):

Hourly \$_____ x _____ Monthly \$_____

Weekly \$_____ Bi-Weekly \$_____

4. Is the employee compensated for overtime? Yes No

Average OT hours worked per week/month/year: _____ Rate: \$_____/hour
(Circle one)

5. Does the employee receive other compensation? Yes No

bonus \$_____ per week/month/year tips \$_____ per week/month
(avg) (circle one) (avg) (circle one)

commission \$_____ per week/month/year other \$_____ per week/month
(avg) (circle one) (avg) (circle one)

6. Other remarks regarding employee's income: _____

Signature of Owner or Agent for Owner

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

ASSET VERIFICATION

To: _____ Date: _____

RE: _____ SSN: _____

 Applicant/Resident Address City, State Zip Code

The above person(s) has applied for residency/is a resident at _____
 As part of our processing we require verification of the household's income, expenses and other information related to eligibility. The individual has authorized below your release of the required information. The information you provide will be used only for the purpose of determining the household's eligibility. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office.

 Applicant / Resident Signature Date

Please complete the section below and return it in the enclosed self-addressed stamped envelope. (Please mail/fax rather than have the above individual hand deliver.) Thank you in advance for your prompt attention.

Apartment Manager _____ Phone # _____

TO BE COMPLETED BY INSTITUTION:

CHECKING ACCOUNT

<u>Account Number(s)</u>	<u>Average 6 Month Balance(s)</u>	<u>Interest Rate, If Any</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SAVINGS ACCOUNT

<u>Account Number(s)</u>	<u>Current Account Balance</u>	<u>Annual Interest Rate</u>	<u>Withdrawal Penalty</u>
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

CERTIFICATE OF DEPOSIT

<u>Account Number(s)</u>	<u>Current Account Balance(s)</u>	<u>Annual Interest Rate</u>	<u>Withdrawal Penalty</u>
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____
_____	\$ _____	_____ %	_____

TRUST

Value of Trust Fund Administered: \$ _____

Anticipated Amount of Income to be earned by: _____

Trust over next 12 months: \$ _____

PROPERTY

Value of Equity in Real Property \$ _____

I certify that the above information is true and correct.

Signature of Official

Title of Official

Printed Name of Official

Name of Institution (Bank)

Date

Address

Telephone Number

City, State Zip Code

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INCOME VERIFICATION FOR HOUSEHOLDS WITH SECTION 8 CERTIFICATES

Unit #: _____

To: **Section 8 Program Administrator**

Housing Authority: _____

Address: _____

City, State, Zip: _____

_____ has applied for residency/is a resident of _____,

Applicant / Resident Name

Property Name

a Low Income Housing Tax Credit property. In the case of a tenant receiving housing assistance payments under HUD's Section 8 Existing Housing Program, IRS regulations allow that if the PHA provides a statement to the building owner declaring that the tenant's income does not exceed the applicable limit under the LIHTC program, then the owner is not required to further verify the tenant's income.

Number of Household Members: _____

Move-In

Recertification

Permission by: _____

Applicant / Resident Signature

_____ Date

Under the Low Income Housing Tax Credit Program, the combined annual income of the household before any adjustments, cannot exceed \$ _____.

Income Limit

Please complete the section below and return this form in the enclosed self-addressed, stamped envelope. Thank you in advance for your prompt attention.

Sincerely,

Apartment Manager

THE FOLLOWING TO BE COMPLETED BY THE PUBLIC HOUSING AUTHORITY:

Based on the last income certification/recertification effective on _____, the household consists of

_____ Date

_____ members whose combined annual income **before any adjustments**, does not
of HH Members

exceed the income limit shown above.

Signature

Date

Phone #

Printed Name

Title

The Low Income Housing Tax Credit Program is a federal low-income rental housing program governed by the Internal Revenue Service. Section 42 of Internal Revenue Code requires owners to determine the income eligibility of all tenants occupying tax credit units. (Owners should be aware that although the verifications requirements of Section 1.42-5(b)(1)(vii) may be met through the use of this form, a Tenant Income Certification (TIC) must still be completed annually.)

This form cannot be used as verification for initial certification.

MONETARY CONTRIBUTION VERIFICATION

Date: _____

RE: _____

Social Security Number: _____

I, _____, am receiving, on a regular basis, a monetary contribution in the amount of \$ _____ from _____, Social Security # _____

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

Signature of Recipient

Printed Name of Recipient

Date

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DEPARTMENT OF HUMAN SERVICES VERIFICATION

Name and Address of DHS

Date _____
Re _____
SSN _____
Claim Number _____

The above referenced person has applied for residency/is a resident at _____.
As part of our processing, it is necessary that we obtain verification of his/her benefits.

I hereby authorize and request the following information be released to _____.

Signature of Applicant / Resident

Please complete the section below and return it via mail or fax. Thank you for your prompt attention.

Apartment Manager Signature

Type of Assistance: _____

Monthly Amount of Assistance: \$ _____

Effective Date: _____

Number of Adults: _____ Number of Children: _____

Does this recipient receive Child Support or Child Support Rebate? _____ Yes _____ No
If yes, please give amount and if Child Support is paid through Child Support Agency or paid directly to recipient.

\$ _____ is being paid to Child Support Agency.

\$ _____ is being paid directly to recipient.

Is this family receiving any other type of income from any other source? _____ Yes _____ No
If yes, please give sources and amounts.

\$ _____ is from _____.

\$ _____ is from _____.

If any changes are contemplated, please explain: _____

Name and Title of Official

Date Telephone Number

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WORKER'S COMPENSATION VERIFICATION

Name and Address of Insurance Company

Date _____

Re: _____

SSN _____

The above referenced person has applied for residency / is a resident at _____

As part of our processing, it is necessary that we obtain verification of his/her benefits.

I hereby authorize and request the following information be released to _____

Applicant / Resident Signature

Please complete the section below and return it via mail or fax. Thank you for your prompt attention.

Apartment Manager Signature

Name of Insurance Company:

Please check appropriate items:

1. Permanent Disability ()

a. Monthly Benefits: \$ _____

b. Lump Sum Settlement: \$ _____

2. Partial/Permanent Disability ()

a. Monthly Benefits: \$ _____

b. Lump Sum Settlement: \$ _____

3. Temporary Disability ()

a. Weekly Benefits: \$ _____

b. Number of weeks for which
benefit will be paid: _____

c. Lump Sum Settlement: \$ _____

Signature of Official

Date

Title of Official

Telephone

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SELF EMPLOYMENT VERIFICATION

Date: _____

RE: _____

Social Security Number: _____

I, _____, Apartment Manager of _____,
do hereby certify that the above referenced person stated in my presence that this information is true and correct to
the best of his/her knowledge.

Apartment Manager's Signature

Date

I, _____, do hereby certify that I am self-employed as
_____. Itemized herein are my approximate monthly earnings beginning
_____, 19 ____.

January	\$ _____	May	\$ _____	September	\$ _____
February	\$ _____	June	\$ _____	October	\$ _____
March	\$ _____	July	\$ _____	November	\$ _____
April	\$ _____	August	\$ _____	December	\$ _____

Monthly Average: \$ _____ Yearly Total: \$ _____

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

NOTE: Please attach a copy of current income tax return form.

Signature of Applicant/Tenant

Date

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REAL ESTATE PROPERTY VERIFICATION

Name and Address of Real Estate Company

Date _____

Re: _____

SSN _____

The above referenced person has applied for residency / is a resident at _____

As part of our processing, it is necessary that we obtain verification of the source/amounts of income/assets of each family member.

I hereby authorize and request the following information be released to _____

Applicant / Resident Signature

Please complete the section below and return it via mail or fax. Thank you for your prompt attention.

Apartment Manager Signature

TO BE COMPLETED BY AUTHORIZED OFFICIAL

Description of Property: _____

Type of Property (i.e., Single Family, Detached Dwelling, Raw Land, etc.): _____

Address or Location (Street Address or Legal Description): _____

Market Value: \$ _____

If this property is being/ will be / was sold, estimate expenses below:

Broker's Fee: \$ _____

Settlement Costs: \$ _____

Legal Fees: \$ _____

Other (Specify): \$ _____

Signature of Authorized Official

Date

Print Name of Authorized Official

Telephone Number

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UNEMPLOYMENT BENEFITS VERIFICATION

Oklahoma Employment Security Commission

Date _____

Re: _____

SSN _____

The above referenced person has applied for residency / is a resident at _____

As part of our processing, it is necessary that we obtain unemployment benefits on the above referenced person.

I hereby authorize and request the following information be released to _____

Applicant / Resident Signature

Please complete the section below and return it via mail or fax. Thank you for your prompt attention.

Apartment Manager Signature

TO BE COMPLETED BY AUTHORIZED OFFICIAL

Is this individual qualified to receive unemployment benefits? YES NO

Weekly Benefit Amount: \$ _____

Beginning Date of Benefits: _____

Ending Date of Benefits: _____

Remarks (if any): _____

Signature of Official

Date

Title of Official

Telephone Number

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CHILD SUPPORT / ALIMONY VERIFICATION

Unit # _____

Has applicant / resident ever been awarded court-ordered child support or alimony?

PLEASE CIRCLE ANSWER BELOW:

CHILD SUPPORT: YES OR NO

ALIMONY: YES OR NO

If yes to either question above, please obtain a copy of the order / decree.

.....
CHILD SUPPORT:

I do hereby swear and affirm that: I **DO NOT RECEIVE** (but legal attempts to collect have been made) / **DO RECEIVE (circle one)** \$_____ per month child support for the support of my children whose names are:

NOTE: If the resident/applicant states that child support is not being received although court ordered, it is necessary that you verify through a third party source (District Attorney's office, Lawyer, Child Support Enforcement Unit) that the child support is not being received and that all legal attempts have been made to collect amounts due.

.....
ALIMONY:

I do hereby swear and affirm that: I **DO NOT RECEIVE / DO RECEIVE (circle one)** \$_____ per month in Alimony payments from:

I understand that all statements concerning child support and alimony must be verified to properly process my/our application and determine eligibility. I have no objection to inquiry being made for the purpose of verification.

Signature of Applicant/Resident

Date

Printed Name of Applicant/Resident

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MILITARY EMPLOYMENT VERIFICATION

Name and Address of Commander

Date _____

Re: _____

SSN _____

The above referenced person has applied for residency / is a resident at _____

I hereby authorize and request the following information be released to _____

Applicant / Resident Signature

Please complete the section below and return it via mail or fax. Thank you for your prompt attention.

Apartment Manager Signature

- 1. Base pay and longevity pay: _____
- 2. Proficiency pay: _____
- 3. Sea and foreign duty pay: \$ _____
- 4. Hazardous duty pay: \$ _____
- 5. Imminent danger pay: \$ _____
- 6. Subsistence allowance: \$ _____
- 7. Quarters Allowance: \$ _____
- 8. Other additional pay benefits: \$ _____

Signature of Commander or his Adjutant

Date

Title and Grade

Telephone Number

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SOCIAL SECURITY VERIFICATION

Social Security Administration

Date _____

Re: _____

SSN _____

_____ County

The above referenced person has applied for residency / is a resident at _____

As part of our processing, it is necessary that we obtain verification of his/her benefits and anticipated GROSS income.

I hereby authorize and request the following information be released to _____

Applicant / Resident Signature

Please complete the section below and return it via mail or fax. Thank you for your prompt attention.

Apartment Manager Signature

Name of Beneficiary: _____

Type of Benefit: SSI: _____ SSA: _____

Total of Amount of Monthly Benefit: \$ _____

Amount Deducted for Medical: \$ _____

Signature of Social Security Representative

Date

Title

Telephone Number

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VETERANS ADMINISTRATION INCOME VERIFICATION

Veterans Administration Office

Date: _____

RE: Veteran's Full Name

Veteran's Social Security Number

Veteran's Claim Number

Relationship to Recipient

The above referenced person has applied for residency / is a resident at _____

As part of our processing, it is necessary that we obtain verification of his/her benefits and anticipated GROSS income.

I hereby authorize and request the following information be released to _____

Applicant / Resident Signature

Please complete the section below and return it via mail or fax. Thank you for your prompt attention.

Apartment Manager Signature

Veteran's Compensation: Disability () Death () Dependents ()

Retirement () Widow's Benefits ()

Monthly Amount: \$ _____

Allowance for Education or Training ()

Name of Official

Date

Title of Official

Telephone Number

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RETIREMENT (PENSION) VERIFICATION

Name and Address of Company

Date _____

Re: _____

SSN _____

The above referenced person has applied for residency / is a resident at _____

As part of our processing, it is necessary that we obtain verification of the source/amounts of income of each family member.

I hereby authorize and request the following information be released to _____

Applicant / Resident Signature

Please complete the section below and return it via mail or fax. Thank you for your prompt attention.

Apartment Manager Signature

TO BE COMPLETED BY AUTHORIZED OFFICIAL

Claim Number: _____

Amount of Monthly Benefit: \$ _____

Company's Name and Address from who benefits are being received: _____

Signature of Official

Date

Title of Official

Telephone Number

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VERIFICATION FORMS CHECKLIST

Due Date: _____

Initial Certification: _____

Annual Certification: _____

Name(s) of Applicant/Tenant: _____

Address: _____

Source		Date Sent		Second Notice Sent		Date Received		Date Called
Employment Verification								
Cert of Zero Income								
Documentation of Phone Verif								
Asset Verification								
Certificate of Deposit								
Income Verif for HH with Section 8								
Monetary Contribution								
DHS Verification								
Workman's Compensation								
Self Employment								
Real Estate Property								
Unemployment Benefits								
Child Support / Alimony								
Military Employment								
Social Security								
Veterans Administration								
Retirement (Pension)								
Student Verification								
Student Financial Aid Verification								