

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								