

In accordance with IRS Regulation 1.42-5 (b)(vii) the following is submitted as documentation to support the low- income tenant income certification for the following applicant/tenant, in the case of an applicant/tenant receiving housing assistance payments under Section 8, of the United States Housing Act of 1937.

To Be Completed By Owner/Owner Agent

Head of Household Name: _____ Last 4 Digits of Social Security #: _____

The applicable income limit under section 42(g) for family size of _____ residing in the County of _____

is \$ _____ on _____ (effective date of applicable income limit).

To Be Completed By Public Housing Authority Representative

The above named applicant/tenant's income does not exceed the applicable income limit under Internal Revenue Code Section 42(g). The household's gross income (before allowances) is \$ _____.

Date Last Certified: _____ Number of people in household: _____

Any income being counted under the Earned Income Disallowance? _____

Name/Title of Person Supplying Information

Organization

Signature

Date

Phone #

Fax #

Email Address

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Tenant

Date

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.