

Supporting Document from Public Housing Authority for Applicants/Tenants Receiving Section 8 Housing Assistance Payment

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 Comple	eted By Owner/Own	epresentative
Head of Household	d Name:	Head of Household Last 4 Digits of Social Security #:
The applicable inc	come limit under section 42(family size of residing in the County of
is \$	on	(effective date of applicable income limit).
To Be Comple	eted By Public Housi	Authority Representative
The above named	applicant/tenant's income	not exceed the applicable income limit under Internal Revenue Code Section 42(g). The
household's gross	income (before allowances	
Date Last Certified	l:	Number of people in household:
Any income being	counted under the Earned	e Disallowance?
Signature		Date
Name/ litle of Person	Supplying Information	Organization
Phone #	Fax #	Email Address
		ormation. Information obtained under this consent is limited to information that is no older than 12 months. ify information that is up to 5 years old, which would be authorized by me on a separate consent attached to
Applicant/Tenant		Date
You do not have to sig	n this form if either the requ	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.