



# Section 8 Housing Choice Voucher Program Recertification Packet

**Instructions:** Your packet contains consent and verification forms required in order to certify your income and family composition each year to determine your continued eligibility to receive Section 8 rental assistance and to determine your share of the rent. You must answer all questions and complete all forms that apply to you and all occupants of your home. **Cross through, mark “N/A” and return any forms that do not apply to you** and/or eligible household members. **Make duplicate copies** of any forms necessary to address eligible household members that earn income and/or are full-time students. If you fail to submit these forms Falmouth Housing Authority will start termination of subsidy action to suspend your Section 8 subsidy. **Your packet contains the following:**

*List of Informational Guidelines and Documents Provided with the 120-Day Notice (Mailed in Advance to You)*

- Certification Questionnaire
- About the Recertification Packet for Continued Occupancy
- Section 8 Checklist for Recertification
- Applying for HUD Housing Assistance, *Think About This, Fraud Is It Worth It?*, HUD-1141
- Fact Sheet, “How Your Rent is Determined” for Public Housing and Housing Choice Voucher Programs
- RHIP Rental Housing Integrity Program Improvement Project, *What You Should Know About EIV*
- Authorization for the Release of Information/Privacy Act Notice, HUD-9886
- Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants, HUD-92006

**At your scheduled appointment, you will be provided with the following documents.**

**Please sign and return by the date provided by your Housing Representative**

*List of Required Questionnaire, Statements, Consents and Verification Forms Enclosed – Return to FHA*

- Race and Ethnic Data Reporting Form, HUD-27061-H
- Statement of Family Responsibilities & Zero Tolerance Policy for Threats Against Falmouth Housing Staff
- Fair Information Practices Statement of Rights
- Federally Mandated Exclusions from Income
- New Federal Regulation for State Lifetime Sex Offender Registration
- Debts Owed to Public Housing Agencies and Terminations, HUD- 52675
- General Verifications regarding Income, Assets, Medical and Childcare Expenses – **Attach required verifications (i.e. bank and/or debit express statements, proof of income, etcetera)**

*You may request to receive a copy of all documentation used to determine your housing eligibility.*

## Important Deadlines:

**This packet must be returned no later than:** \_\_\_\_\_

## **For Changes Only (Interim Recertifications):**

*Use the enclosed Report of Changes form, along with verification forms for all changes*

Walk-ins may drop off documents only; appointments are requested to discuss your application or continued occupancy



## Statement of Family Responsibilities

When the family's unit is approved and the HAP contract executed, the family must follow the rules listed below in order to continue participating in the Section 8 Rental Housing Voucher Program. Program staff and independent auditors investigate suspected program abuse and/or misconduct to assure the public funds are paid on behalf of qualified and eligible participants. It is important that you understand that all information provided to FHA must be true and complete and is subject to additional review. Do not risk losing your Section 8 rental assistance by providing false, incomplete, and/or inaccurate information.

### The family (including each family member) must:

- Supply any information that FHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition
- Disclose and verify social security numbers and sign and submit consent forms for obtaining information
- Supply any information requested by FHA to verify that the family is living in the unit or information related to family absence.
- Notify FHA in writing with the family is away from the unit for an extended period of time in accordance with FHA policy
- Allow FHA to inspect the unit at reasonable times and after reasonable notice
- Notify both FHA and the Owner in writing before moving out of the unit or terminating the lease
- Use the assisted unit for the resident by the family. The unit must be the family's only residence
- Notify FHA in writing of the birth, adoption, or court-awarded custody of a child
- Request FHA approval in writing to add any family member as an occupant of the unit. Any person staying at the premises more than fourteen (14) days in a twelve (12) month period shall not be considered a guest and must be reported to FHA by the tenant.
- Notify FHA in writing if any family member no longer lives in the unit
- Provide FHA with a copy of any owner issued eviction notice
- Pay utility bills and supply appliances that the owner is not required to supply under the lease
- Supply true and complete information at all times
- Report any change in income either up or down within the first 30 days

### The family (including each family member) must not:

- Engage in or threatened abusive or violent behavior towards FHA personnel
- Own or have any interest in the unit (other than in a cooperative, or owner of a manufactured home leasing a manufactured home space).
- Commit any serious or repeated violation of the lease. Note: If you are evicted from the unit, you will be denied further assistance).
- Commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
- Participate in illegal drug or criminal activity
- Sublease or let the unit or assign the lease or transfer the unit
- Receive Section 8 tenant-based program housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or local housing assistance program.
- Damage the unit or premises (other than damages from ordinary wear and tear) or permit any guest(s) to damage the unit or premises.
- Abuse alcohol in a way that interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.

\_\_\_\_\_  
Signature of Tenant/Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tenant/Co-Head of Household

\_\_\_\_\_  
Date



115 Scranton Avenue  
Falmouth, MA 02540  
(508) 548 – 1977  
(508) 457-7573 Fax  
[www.falmouthhousing.org](http://www.falmouthhousing.org)

## **Fair Information Practices Statement of Rights**

FHA collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the court of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information, however, failure to permit the housing authority to provide information; however failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, **you have the following rights** in regard to the information collected about you:

- (a) No information may be used for any purpose other than those described above without your consent.
- (b) No information may be disclosed to any person other than those described above without your consent.
- (c) You or your authorized representative has a right to inspect and copy any information collected about you.
- (d) You may ask questions and receive answers from the housing authority about how we collect and use your Information
- (e) You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and your right to appeal.

I have read and I understand this Fair Information Practices Statement of Rights and have been offered and/or have received a copy for future reference.

\_\_\_\_\_  
Signature of Tenant/Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tenant/Co-Head of Household

\_\_\_\_\_  
Date



**FEDERALLY MANDATED EXCLUSIONS FROM INCOME**

The following is a list of income which is considered as federally mandated exclusions from income. Please read the list carefully. If the line item does not apply to you, please indicate so by writing “N/A” (not applicable).

1.	The value of the allotment provided to an eligible household under the FOOD STAMP Act of 1977	\$ _____	Wk/Mo
2.	Payments to Volunteers under the Domestic Volunteer Services	\$ _____	Wk/Mo
3.	Payments received under the Alaska Native Claims Settlement	\$ _____	Wk/Mo
4.	Income derived from certain sub-marginal land of the United States	\$ _____	Wk/Mo
5.	Payments or allowances made under the Department of Health and Human Services Low-Income Home Energy Assistance Program (Fuel Assistance) [42 U.S.C.8624(i)]	\$ _____	Wk/Mo
6.	Payments received under programs funded in whole or part under the Job Training Partnership Act (29 U.S.C. 1552(b) effective July 1, 2000, references to Job Training Partnership Act shall be deemed to refer to the Corresponding provision of the Workforce Investment Act of 1998)[29 U.S.C. 8624(i)]	\$ _____	Wk/Mo
7.	Income derived from the disposition of funds to the Grand River Bank	\$ _____	Wk/Mo
8.	The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2,000 per year of income receive by individual Indians from funds derived from interests held in such trust or restricted lands	\$ _____	Wk/Mo
9.	Amounts of scholarships funded under Title IV	\$ _____	Wk/Mo
10.	Payments received from programs funded under Title V of the Older Americans Act of 1985 [42 U.S.C. 3056(f)]	\$ _____	Wk/Mo
11.	Payments received on or after January 1, 1998, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in “In Re Agent” – product liability litigation, M.D.L. No. 381 (E.D.N.Y.)	\$ _____	Wk/Mo
12.	Payments received under the Maine Indian Claims Settlement Act of 1980 (25 U.S.C. 1721)	\$ _____	Wk/Mo
13.	The value of any child care provided or arranged (or any amount) received as payment for such care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant of 1990 [42 U.S.C. 9858(q)]	\$ _____	Wk/Mo
14.	Earned Income Tax Credit (EITC) refund payments received on or after January 1, 1991 [26 U.S.C. 32(j)]	\$ _____	Wk/Mo
15.	Payments by the Indian Claims Commission to the Confederated Tribes and Banks of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation (Pub.L.95-433)	\$ _____	Wk/Mo
16.	Allowances, earnings and payments to AmeriCorps participants under the National and Community Services Act of 1990 (42 U.S.C. 1805)	\$ _____	Wk/Mo
17.	Any allowance paid under the provisions of 38 U.S.C. 1805 child suffering from Spina Bifida who is a child of a Vietnam Veteran (38 U.S. 1805)	\$ _____	Wk/Mo
18.	Any amount of crime victim compensation (under the Victims of Crimes Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act (42 U.S.C. 10602) and (xix) allowances, earnings and payments to individual participants in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931)	\$ _____	Wk/Mo

Signature of Tenant/Head of Household

Date

Signature of Tenant/Co-Head of Household

Date



**NEW FEDERAL REGULATION FOR STATE LIFETIME SEX OFFENDER REGISTRATION**

The U.S. Department of Housing and Urban Development, Office of Public, Section 8 and Indian Housing has established Federal Regulations in accordance with 24 CFR 5.856 and 5.905 which requires O/As (owner/agents) and PHAs (public housing authorities) to perform necessary criminal history background checks, at admission, to determine if an applicant, or a member of an applicant’s household, is subject to a lifetime registration requirement under a State sex offender registration program. This check must be carried out with respect to the State in which the housing is located and with respect to States where the applicant and member of the applicant’s household are known to have resided.

**V. RECOMMENDATIONS FOR ADDITIONAL PROCEDURES**

In addition to the regulatory requirements above, it is recommended that O/As and PHAs adopt several new procedures at admission and at annual recertification/reexamination to prevent lifetime registered sex offenders from receiving federal housing assistance.

**A. AT ADMISSION**

O/As and PHAs should verify the information provided by the applicant by searching the Dru Sjodin National Sex Offender Database. The Dru Sjodin National Sex Offender Database is an online, searchable database, hosted by the Department of Justice, which combines the data from individual state sex offender registries. The website for the database is located at <http://www.nsopw.gov>. A record of this screening, including date performed, should be retained. PHAs must destroy the results of the search in accordance with 24 CFR 5.903 (g). O/As must retain the results of the search, along with the application, for a period of three years if the applicant is denied housing or, if the applicant is admitted to the program, for the term of tenancy plus three years.

**B. AT RECERTIFICATION/REEXAMINATION**

For any admissions after June 25, 2001 (the effective date of the screening and Eviction for Drug Abuse and Other Criminal Activity final rule), if the recertification/reexamination screening reveals that the tenant or a member of the tenant’s household is subject to a lifetime sex offender registration requirement, or the tenant has falsified information or otherwise failed to disclose his or her criminal history on their application and/or recertification/reexamination forms, the O/A or PHA shall pursue eviction or termination of tenancy to the extent allowed by their lease and state or local law. Notwithstanding the above, if the tenant or a member of the tenant’s household, regardless of when they were admitted, commits criminal activity while living in federally assisted housing, the O/A or PHA should pursue eviction or termination of tenancy to the extent allowed by their lease and state or local law.

**VI. FURTHER INFORMATION**

The requirements for prohibition of admission to applicants’ subject to a lifetime sex offender registration requirement and obtaining background checks can be found at 24 CFR Part 5, Subpart I – Preventing Crime in Federally Assisted Housing – Denying Admission and Terminating Tenancy for Criminal Activity and Alcohol Abuse; Subpart J – Access to Criminal Records and Information; and in HUD Handbook 4350.3 Rev-1, Occupancy Requirements of Subsidized Multifamily Housing Programs. If you have any questions regarding the requirements in this Notice as they pertain to the Office of Housing’s programs, please contact Diane Hooten at 515-284-4513. If you have any questions regarding the requirements in this Notice as they pertain to the Office of Public and Indian Housing’s Housing Choice Voucher and Public Housing programs, please contact Caroline Crouse at 202-402-4595.

**Have you or any member of your household been subject to a lifetime registration requirement under any State Sex Offender Registration?**

Yes  No

\_\_\_\_\_  
Signature of Tenant/Head of Household                      Date



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 Falmouth, MA 02540  
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## GENERAL CONSENT FORM FOR VERIFICATION OF INFORMATION

PLEASE RETURN THIS FORM AND ITS ATTACHMENTS VIA FAX OR MAIL TO FALMOUTH HOUSING AUTHORITY AT THE ADDRESS SHOWN ABOVE

### TENANT INFORMATION

(LAST NAME)	(FIRST NAME)	(MIDDLE INITIAL)	LAST FOUR DIGITS OF SSN XXX- XX-
(PRESENT ADDRESS)		(CITY)	(STATE) (ZIP CODE)

This person has applied for housing assistance under a program of the State of Massachusetts Department of Housing & Community Development (DHCD) **and/or** the U.S. Department of Housing and Urban Development (HUD) which is administered by the Falmouth Housing Authority (FHA). State regulations 760 CMR 6.00, 760 CMR 49.00, 760 CMR 53.00 and/or federal regulation 24CFR requires FHA to verify all information that is used in determining this person’s eligibility or level of benefits.

We ask your cooperation in providing the information requested on the attached page(s) and ask that it be returned to the Housing Representative signing on behalf of FHA below. Your prompt return of this information will help to assure timely processing of the application for initial and/or continued assistance. The applicant/tenant has consented to this **Release of Information** as shown below.

Sincerely,

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Falmouth Housing Authority

**TO THE APPLICANT/TENANT: YOU DO NOT HAVE TO SIGN THIS FORM OR ITS ATTACHMENTS IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK. SEE THE ATTACHED VERIFICATION FORMS FOR MORE DETAILED INFORMATION.**

**RELEASE:** I hereby authorize the release of the requested information subject to the condition that it be kept confidential. This authorization is valid for 12 months and the information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent attached to a copy of this consent. I understand that a photocopy or facsimile of this authorization is as valid as the original.

<b>SIGNATURE</b> <i>(Signature)</i>	<b>DATE</b>
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**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 USC \*\*408 (a) (6), (7) and (8).\*\*





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**EMPLOYMENT VERIFICATION**

In accordance with 24 CFR 960.259(a) and 24 CFR 982.551(b), each family must supply any information that FHA determines necessary in the administration of public housing and Section 8 programs. In addition to using the Enterprise Income Verification System (EIV), which provides basic quarterly information regarding employment, wage, unemployment compensation and social security benefit information of tenants, **families are required to provide written third-party verification information** (i.e. pay stubs, tax records, benefit statements, pension awards, child support, and others as requested by FHA) along with consent for further source verification as determined by FHA. **You must complete Part I, attach a minimum of eight (8) payment stubs, fill in the name of the third-party source only in Part II, and sign this form. Your current/past employer must complete Part II, Part III, Part IV and sign this form or they may submit their own signed verification that answers the questions in Parts II, III, and IV.** Each current and/or recent employer must complete a separate form for each household occupant 17 years of age or older. This form may be submitted by fax or mail to the address listed above.

**Part I. TENANT INFORMATION**

\_\_\_\_\_  
 Last First MI XXX-XX-  
 Last 4 digits of your SSN

**I authorize the agency named below to release information necessary to verify my employment and/or wage information that I receive or have received as income to FHA. I agree that I will update this information, by submitting a new Employment Verification Form and current pay stubs each time my income information changes.**

My Signature  $\Rightarrow$  \_\_\_\_\_ Date \_\_\_\_\_

**Part II. THIRD-PARTY SOURCE INFORMATION**

\_\_\_\_\_  
 Business Name of Employer Contact Name

\_\_\_\_\_  
 Street Ste. # Phone Number / Fax Number

\_\_\_\_\_  
 City State Zip Code Email (optional)

**Part III. INCOME VERIFICATION**

Is this person currently working with your company?  Yes  No Enter first day of work \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 with your company:

**Current Wages/Salary (or Last Wages/Salary if Work has Ended)**

Enter number of hours worked per week: \_\_\_\_\_ Enter number of days worked per week: \_\_\_\_\_

How often is/was the employee paid?  Day  Week  Bi-weekly  Monthly

Current Gross Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_ Other Pay Rate per hour (i.e. overtime/shift differential) \$ \_\_\_\_\_

Average No. Regular Hours per week: \_\_\_\_\_ Year-to-Date Earnings \$ \_\_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Overtime Rate (per hour): \$ \_\_\_\_\_ Average no. of overtime hours per week \_\_\_\_\_

Shift Differential Rate (per hour): \$ \_\_\_\_\_ Average no. of shift differential hours per week: \_\_\_\_\_

Does/did this person receive commissions, bonuses, tips or other pay? (detail in Part III):  Yes  No

Is/was work seasonal?  Yes  No If yes, season begins: \_\_\_\_\_ Season ends: \_\_\_\_\_

List any anticipated change in their rate of pay within \_\_\_\_\_ Anticipated Date of Change: \_\_\_\_\_  
 the next 12 months: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**WORK TERMINATED**

Enter date of Termination : \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Is the loss of income:  Permanent  Temporary

If different than above, enter last day worked: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ If temporary, please enter anticipated rehire date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is this person eligible to receive severance pay?  Yes  No If yes, provide total anticipated pay for the next 12 months \$ \_\_\_\_\_.

Is this person eligible for worker's compensation?  Yes  No If yes, how long/how much? \_\_\_\_\_ \$ \_\_\_\_\_.  
 If yes, provide the name and address of the company for verification purposes: \_\_\_\_\_

Is employee eligible for unemployment compensation?  Yes  No If yes, how long/how much? \_\_\_\_\_ \$ \_\_\_\_\_.  
 If yes, provide the name and address of the company for verification purposes: \_\_\_\_\_

**Part IV. PAYMENT VERIFICATION**

**Employer - List GROSS AMOUNTS and information as requested for the last eight (8) payments issued**

Pay Period Ending	Date Pay Received	Gross Earnings	# of Regular Hours Worked	Rate of Regular Pay	No. of Overtime Hours	Rate of Pay for Overtime	Tips \$\$	Medical Deduction Taken/Amount
/ /	/ /	\$ ____.	_____	\$ ____.	_____	\$ ____.	\$ ____.	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
/ /	/ /	\$ ____.	_____	\$ ____.	_____	\$ ____.	\$ ____.	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
/ /	/ /	\$ ____.	_____	\$ ____.	_____	\$ ____.	\$ ____.	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
/ /	/ /	\$ ____.	_____	\$ ____.	_____	\$ ____.	\$ ____.	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
/ /	/ /	\$ ____.	_____	\$ ____.	_____	\$ ____.	\$ ____.	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
/ /	/ /	\$ ____.	_____	\$ ____.	_____	\$ ____.	\$ ____.	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
/ /	/ /	\$ ____.	_____	\$ ____.	_____	\$ ____.	\$ ____.	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
/ /	/ /	\$ ____.	_____	\$ ____.	_____	\$ ____.	\$ ____.	<input type="checkbox"/> Yes <input type="checkbox"/> No \$

What is/was the method of payment for this employee?  Check  Payroll Card  Direct Deposit\*  Cash  
*If payment is/was via direct deposit, is/was the deposit(s) to a:*  
 Checking Account  Savings Account  Both OR  Other Account

**NOTE TO EMPLOYER:** The individual named on page one of this form is an applicant of a housing program that requires verification of income. Your provided information will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated. **WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction. Therefore, what I have written on this form is true. I know that if I write information that is not true, on purpose, I may be charged with fraud.

Signature & Title of Agency Representative

Date

**➡RETURN THIS FORM TO FALMOUTH HOUSING ON OR BEFORE:➡**





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 (508) 457-7573 Fax  
 www.falmouthhousing.org

**CHECK HERE IF THIS FORM DOES NOT APPLY AND SIGN (PART ONE)**

**General Income Verification**

In accordance with 24 CFR 960.259(a) and 24 CFR 982.551(b), each family must supply any information that FHA determines necessary in the administration of public housing and Section 8 programs. **Families are required to report all sources of income**, whether it is from employment/wages, or a non-wage source (i.e. benefit statements, pension awards, child support, and others as requested by FHA). In addition to self-verified documentation required of each family that participates in FHA housing programs, further source verification as determined by FHA may be obtained to clarify family-reported data. This form, along with the general consent signed by you will be forwarded to the third-party source named below. **You must complete Part I, attach benefit award statements that are no older than 120 days, fill in the name of the third-party source only in Part II, and sign this form. Your benefits provider must complete Part II and Part III and sign the bottom of this form or they may submit their own signed verification that answers the questions in Parts II and III.** Each provider must complete a separate form for each applicable household occupant 17 years of age or older and/or separate type of benefit verified. This form may be submitted by fax or mail to the address listed above.

**Part I. TENANT INFORMATION**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ XXX-XX-  
 Last 4 digits of your SSN

**I authorize the agency named below to release information necessary to verify my non-employment/non-wage income I receive or have received to FHA. I agree that I will update this information, by submitting a new General Income Verification Form and a new benefit award statement within ten (30) days of the income change.**

My Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part II. THIRD-PARTY SOURCE INFORMATION**

Business Name of Benefits Provider \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Street \_\_\_\_\_ Ste. # \_\_\_\_\_ ( ) ( )  
 Phone Number / Fax Number  
 City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Email (optional) \_\_\_\_\_

**Part III. BENEFIT(S) VERIFICATION**

Income Type	Gross Amount	Frequency	Date Began
<input type="checkbox"/> Social Security (SSA) and/or Supplemental Security (SSI)	_____	_____	_____
<input type="checkbox"/> Veterans Benefit or Retirement Pay	_____	_____	_____
<input type="checkbox"/> Pension: _____ <small>(Name of Pension Provider)</small>	_____	_____	_____
<input type="checkbox"/> Unemployment	_____	_____	_____
<input type="checkbox"/> Insurance Settlement or Life Insurance Dividends	_____	_____	_____
<input type="checkbox"/> Disability or Death Benefit(s)	_____	_____	_____
<input type="checkbox"/> Recurring Contributions to Household: _____ <small>(Name of Person Providing Income)</small>	_____	_____	_____
<input type="checkbox"/> Income from Real Estate: _____ <small>(Address of Property)</small>	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____

Are any changes expected in the next 12 months?  Yes  No

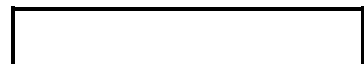
Comments: \_\_\_\_\_

**NOTE TO 3<sup>rd</sup> PARTY SOURCE:** The individual named on page one of this form is an applicant of a housing program that requires verification of income. Your provided information will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated. **WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction. Therefore, what I have written on this form is true. I know that if I write information that is not true, on purpose, I may be charged with fraud.

Signature & Title of Employer/Agency Representative \_\_\_\_\_

Date \_\_\_\_\_

**RETURN THIS FORM TO FALMOUTH HOUSING ON OR BEFORE:**





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**CHECK HERE IF THIS FORM DOES NOT APPLY AND SIGN (PART ONE)**

**Self-Employment Verification**

In accordance with 24 CFR 960.259(a) and 24 CFR 982.551(b), each family must supply any information that FHA determines necessary in the administration of public housing and Section 8 programs. **Business income counted toward income eligibility is gross income from the business minus business expenses, interest on loans, and depreciation computed on straight line basis. It is the NET INCOME that is counted, as shown on Schedule C, E or F.** Include principal payments on loans, interest on loans for capital improvement or business expansion, and outlays for capital improvement. Include amounts distributed to family members and cash or assets withdrawn, except when the withdrawal is a reimbursement of cash or assets invested in the business. ☞ You must complete Part I, **submit a notarized signed copy of this form** along with a copy of the most recent filed tax records (filed with both the IRS and the State of MA) for the past two (2) years. Include all schedules. **Use a separate form for each business and each government agency.** This form may be submitted by fax or mail to the address listed above.

**Part I. TENANT INFORMATION**

Last		First	MI	XXX-XX- Last 4 digits of your SSN
Street		Unit #		Telephone
City		State/ZIP		<input type="checkbox"/> Check this box if this is a new phone number

**I authorize the agency named below to release information necessary to verify my self-employment income to Falmouth Housing Authority (FHA).**

My Signature ☞ \_\_\_\_\_ Date \_\_\_\_\_

**Part II. THIRD-PARTY SOURCE INFORMATION**

Internal Revenue Service and/or State of MA		Contact Name or Department	
Street		Suite #	Phone Number / Fax Number
City		State/ZIP	Email (optional)

1. Self-Employment Income  Yes  No  
**Business income counted toward income eligibility is gross income from the business minus business expenses, interest on loans, and depreciation computed on a straight-line basis. Include principal payments on loans, interest on loans for capital improvement or business expansion, and outlays for capital improvement. Include amounts distributed to family members and cash or assets withdrawn, except when the withdrawal is a reimbursement of cash or assets invested in the business.**

Type of Business: \_\_\_\_\_ Date Business Began: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Position/Occupation: \_\_\_\_\_  
 Anticipated income in next 12 months: \_\_\_\_\_  
 Previous 12 months' income: \_\_\_\_\_  
 Is this a continuous business?  Yes  No Months per year: \_\_\_\_\_

2. Other anticipated compensation in next 12 months not included above:

Reason <input type="checkbox"/>	Commission	\$ _____	per _____
<input type="checkbox"/>	Bonus	\$ _____	per _____
<input type="checkbox"/>	Tips	\$ _____	per _____
<input type="checkbox"/>	Other	\$ _____	per _____

☞ Attach a signed, complete copy (with schedules) of your filed Federal and State Income Tax Return for past two (2) years. ☞  
 ☞ If this is a new business, provide a current notarized Profit/Loss Statement completed by an accountant or attorney. ☞

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction. Therefore, what I have written on this form is true. I know that if I write information that is not true, on purpose, I may be charged with fraud.

Signature & Title of Authorized Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

**☞ RETURN THIS FORM TO FALMOUTH HOUSING ON OR BEFORE: ☞**



115 Scranton Avenue  
 Falmouth, MA 02540  
 (508) 548 – 1977  
 (508) 457-7573 Fax  
 www.falmouthhousing.org

**CHECK HERE IF THIS FORM DOES NOT APPLY AND SIGN (PART ONE)**

**No (Zero) Income / Minimum Income Certification**

There is no minimum income requirement for families to participate in the Section 8 program. Families, however, who report zero or minimal income, are required to complete a written certification **every 60 days**, and provide copies of expense receipts for the 60-day period. FHA will conduct an interim to increase the family’s rent share upon reinstatement of income. **Your family will be required (in addition to supplying requested expense-related receipts) to provide documentation to prove that income, such as unemployment benefits, TANF, Social Security, and other types of income as identified on HUD Form 9886 are not being received.** ☞ You must complete Part I and Part II, sign the bottom of this self-certification form, and **attach a letter** explaining how your family expects to meet its needs during the periods when there is no or minimal income in the household. Information provided in your explanation is also subject to third-party verification. **Both this form and the letter of explanation must be notarized and submitted together.** This form may be submitted by fax or mail to the address listed above.

**Part I. TENANT INFORMATION**

Last		First	MI	XXX-XX- Last 4 digits of your SSN
Street		Unit #		Telephone
City		State/ZIP		<input type="checkbox"/> Check this box if this is a new phone number

I authorize the agency named below to release information necessary to verify my earned income, non-wage income and assets to Falmouth Housing Authority (FHA). I understand that I will log all monthly expenses, maintain receipts of all expense payments and will recertify my income every 60 days.

**Part II. ADDITIONAL ATTACHMENTS REQUIRED**

**Attach both the completed No Income Questionnaire and A Personal Statement. The Personal Statement should explain how your family will meet its living expenses for the next sixty (60) days.**

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction. Therefore, what I have written on this form is true. I know that if I write information that is not true, on purpose, I may be charged with fraud.

Signature of Tenant/Head of Household	Date	Signature of Tenant/Co-Head of Household	Date
---------------------------------------	------	--	------

**☞ RETURN THIS FORM TO FALMOUTH HOUSING ON OR BEFORE: ☞**

⓪ NOTARY –USE SPACE BELOW ⓪



115 Scranton Avenue  
 Falmouth, MA 02540  
 (508) 548 – 1977  
 (508) 457-7573 Fax  
 www.falmouthhousing.org

**CHECK HERE IF THIS FORM DOES NOT APPLY AND SIGN (PART ONE)**

**Recurring Gifts Certification**

There is no minimum income requirement for families to participate in the Section 8 program. **FHA must, however, count as income any regular contributions and gifts from persons not living in the unit. These sources may include child or other cash support, rent, cable, cell phone and other types of utility payments paid on behalf of the family, and other cash or non-cash contributions provided on a regular basis.** Temporary, nonrecurring, or sporadic income (including gifts) is not counted. ➔ You (tenant) must complete Part I and provide this form to the person(s) that have been supporting your household as described above.

**You are receiving this document because the person named in Part I has indicated that you provide income to their household. ➔ Please complete Part II** and sign the bottom of this self-certification form, **and attach a letter explaining your relationship to the person named in Part I and the amount, frequency, and manner in which the income is provided from you to the household.** Information provided in your explanation is also subject to third-party verification.

**Both this form and the letter of explanation must be notarized and submitted together.**

**Part I. TENANT INFORMATION**

Last		First	MI	XXX-XX- Last 4 digits of your SSN
Street			Unit #	Telephone
City	STATE	ZIP	<input type="checkbox"/> Check this box if this is a new phone number	

**I authorize the agency named below to release information necessary to verify my earned income, non-wage income and assets to Falmouth Housing Authority (FHA). I understand that I will log all monthly expenses and maintain receipts of all expense payments and will recertify my income every 60 days.**

**Part II. ADDITIONAL ATTACHMENTS REQUIRED**

**Attach both the completed Recurring Gifts Certification and A Letter of Explanation. The Letter of Explanation should indicate your relationship to the person named in Part I and detail the amount, frequency (including begin and end dates, if known), and manner in which the income is provided from you to the person named in Part I. Notarize both the Recurring Gifts Certification Form and the Letter of Explanation and return to Falmouth Housing Authority.**

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction. Therefore, what I have written on this form is true. I know that if I write information that is not true, on purpose, I may be charged with fraud.

Print Name	Signature	Date
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**➔ RETURN THIS FORM TO FALMOUTH HOUSING ON OR BEFORE: ➔**

⓪ NOTARY –USE SPACE BELOW ⓪



115 Scranton Avenue  
 Falmouth, MA 02540  
 (508) 548 – 1977  
 (508) 457-7573 Fax  
 www.falmouthhousing.org

**CHECK HERE IF THIS FORM DOES NOT APPLY AND SIGN (PART ONE)**

**Financial Verification:** In accordance with 24 CFR 960.259(a) and 24 CFR 982.551(b), each family must supply any information that FHA determines necessary in the administration of public housing and Section 8 programs. Annual income includes amounts derived from assets, which are items of value that may be turned into cash, to which family members have access. **FHA must review all assets to determine the source(s) of income, amount(s) of income that may be added to the family's annual income, as well as review non-redacted verifications of asset documentation to determine if there are other eligible deductions for which the family may qualify. FHA families are required to provide financial institution account statements (i.e. six current, consecutive full bank account statements (no pages missing) for each account that bears the family member's name(s), current statements for debit express cards, savings, money market, and other types of financial accounts).** Further source verification as determined by FHA may be obtained to clarify family-reported data. ➡ You must complete Part I, attach the statements, and sign this form. Insert your third-party contact information in Part II and provide the form to your financial institution to complete Parts II and III - they may submit their own signed verification that answers the questions in Part II and Part III. Each institution must complete a separate form for each applicable household occupant 17 years of age or older that maintains a banking and/or financial account. This form may be submitted by fax or mail to the address listed above.

**Part I. TENANT INFORMATION**

\_\_\_\_\_  
 Last First MI XXX-XX-  
 Last 4 digits of your SSN

I authorize the agency named below to release information necessary to verify the assets to which I have access to FHA. I agree that I will update this information, by submitting a new Bank Verification Form and bank statement each time I close or open a new banking account.

My Signature ➡ \_\_\_\_\_ Date \_\_\_\_\_

**Part II. THIRD-PARTY SOURCE INFORMATION**

Business Name of Banking or Financial Institution \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Street \_\_\_\_\_ Ste. # \_\_\_\_\_ Phone Number / Fax Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Email (optional) \_\_\_\_\_

**Part III. ASSETS VERIFICATION [If there are no assets, write "none" in the space(s)]**

Accounts Held	Account No.	Date Opened	Date Closed	Current Balance	Six (6) Months Average	Current Interest Rate
<input type="checkbox"/> Checking Account	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Savings Account	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Other Account: Type: _____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Certificate of Deposit	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Savings / Money Market Accts	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> IRAs, KEOGH, or PENSION	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Trust Fund	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Mortgage or Other Type: _____	_____	_____	_____	_____	_____	_____

➡ Any other accounts not listed above which bear the name of the above-named person? If yes, list type, balance, and interest rate:  Yes  No

➡ Are periodic payments issued on any of the accounts listed above? If yes, list account(s), frequency, and amount of distribution:  Yes  No

➡ Is there a penalty for early withdrawal of funds in any of the accounts listed above? If yes, list account(s) and penalty:  Yes  No

**Additional Comments: \*Use letterhead if additional space is needed. Attach a current, full month bank statement(s) please**

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction. Therefore, what I have written on this form is true. I know that if I write information that is not true, on purpose, I may be charged with fraud.

Signature & Title of Authorized Bank Representative \_\_\_\_\_ Date \_\_\_\_\_

**➡ RETURN THIS FORM TO FALMOUTH HOUSING ON OR BEFORE: ➡**





115 Scranton Avenue  
 Falmouth, MA 02540  
 (508) 548 – 1977  
 (508) 457-7573 Fax  
 www.falmouthhousing.org

**CHECK HERE IF THIS FORM DOES NOT APPLY AND SIGN (PART ONE)**

**General Asset Verification**

In accordance with 24 CFR 960.259(a) and 24 CFR 982.551(b), each family must supply any information that FHA determines necessary in the administration of public housing and Section 8 programs. Annual income includes amounts derived from assets, which are items of value that may be turned into cash, to which family members have access. FHA must review all sources of assets to determine the source(s) of income, amount(s) of income that may be added to the family's annual income, as well as review the assets to determine if there are other eligible deductions for which the family may qualify. FHA families are required to provide written third-party verification information (i.e. other types of real property, insurance with cash-out values and other types of financial accounts) along with consent for further source verification as determined by FHA. ➔ You must complete Part I, attach the statements, and sign this form. Please insert your third-party contact information in Part II and provide the form to your banking institution to complete Parts II and III - they may submit their own signed verification that answers the questions in Part II and Part III. Each provider must complete a separate form for each applicable household occupant 17 years of age or older that maintains a banking and/or financial account. This form may be submitted by fax or mail to the address listed above.

**Part I. TENANT INFORMATION**

\_\_\_\_\_  
 Last First MI XXX-XX-  
 Last 4 digits of your SSN

**I authorize the agency named below to release information necessary to verify the assets to which I have access to FHA. I agree that I will update this information, by submitting a new General Asset Verification form, when/if my asset value(s) exceed \$5,000 combined (including the value of my banking and other financial accounts).**

My Signature ➔ \_\_\_\_\_ Date \_\_\_\_\_

**Part II. THIRD-PARTY SOURCE INFORMATION**

\_\_\_\_\_  
 Business Name of Company Contact Name

\_\_\_\_\_  
 Street Unit # Phone Number / Fax Number

\_\_\_\_\_  
 City State/ZIP Email (optional)

**Part II. ASSETS VERIFICATION**

Asset Type	Cash Value	Date Opened	Date Closed	Valuation Date	Type of Policy	Annual Dividends/Interest Rate
<input type="checkbox"/> Life Insurance	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Other Type of Account Held	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Pension or Other Retirement Account	_____	_____	_____	_____	_____	_____
	<u>Cash Value</u>			<u>Assessed or Appraised Value</u>		<u>Average Assessment Ratio</u>
<input type="checkbox"/> Real Estate Holdings	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Personal Property held as an Investment	_____	_____	_____	_____	_____	_____

Are periodic payments issued on any of the accounts listed above? If yes, Type: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Yes  No Frequency: \_\_\_\_\_

Is there a penalty for early withdrawal of funds in any of the accounts listed above? If yes, Account #: \_\_\_\_\_  
 Yes  No Penalty: \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction. Therefore, what I have written on this form is true. I know that if I write information that is not true, on purpose, I may be charged with fraud.

\_\_\_\_\_  
 Signature & Title of Authorized Company Representative Date

**➔ RETURN THIS FORM TO FALMOUTH HOUSING ON OR BEFORE: ➔**



115 Scranton Avenue  
 Falmouth, MA 02540  
 (508) 548 – 1977  
 (508) 457-7573 Fax  
 www.falmouthhousing.org

**CHECK HERE IF THIS FORM DOES NOT APPLY AND SIGN (PART ONE)**

**Childcare Expense Verification**

A family may be eligible for the childcare expense deduction when such expenses are incurred for children under the age of 13, to enable a family member to work, seek work, or \*further his/her education (\*not including the head of household). These expenses cover the periods of care for before, full day, after school and summer months care. ➔ You must complete Part I, fill in the name of the third-party source only in Part II and attach receipt(s) and sign the bottom of this form. Your provider must complete Part II and sign the bottom of this form or they may submit their own signed verification that answers the questions in Part II. Each provider used must complete a separate form. This form may be submitted by fax or mail to the address listed above.

**Part I. TENANT INFORMATION**

Last	First	MI	XXX-XX- Last 4 digits of your SSN
Street		Unit #	Telephone
City		State/ZIP	<input type="checkbox"/> Check this box if this is a new phone number

**I authorize the agency named below to release information necessary to verify my childcare expenses. I agree that I will inform FHA of any changes to my childcare expenses and will submit a revised Childcare Expense Verification Form to reflect those changes.**

My Signature ➔ \_\_\_\_\_ Date \_\_\_\_\_

**Part II. THIRD-PARTY SOURCE INFORMATION**

Business Name of Childcare Provider	Contact Name of Childcare Provider (Print)	
Street	Unit #	Phone Number / Fax Number
City	State/ZIP	Email (optional)

	Name of Child/ren to Receive Care from the Childcare Provider	Age	Monthly Payment Amount Billed to Family (Provider: Do not include assistance received from outside sources)											
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction. Therefore, what I have written on this form is true. I know that if I write information that is not true, on purpose, I may be charged with fraud.

Signature of Authorized Childcare Provider/Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

**➔ RETURN THIS FORM TO FALMOUTH HOUSING ON OR BEFORE: ➔**





**CHECK HERE IF THIS FORM DOES NOT APPLY AND SIGN (PART ONE)**

**Medical Expense and/or Disability Expense Verification**

In accordance with 24 CFR 960.259(a) and 24 CFR 982.551(b), each family must supply any information that FHA determines necessary in the administration of public housing and Section 8 programs. Families are required to report all sources of medical expenses, including pharmacy, in order for FHA to determine whether or not the family would benefit from additional reductions from gross income. **Families may reference HUD Exhibit 5-3 for a list of examples of eligible medical expenses.** These deductions may, when included with other data used to determine housing eligibility, reduce the tenant rental portion for each family. **The medical expense deduction is permitted only for families in which the head, spouse, or co-head is at least 62 years old or is a person with disabilities (elderly or disabled families). If eligible, families must report all unreimbursed medical expenses for all family members, including the expenses of nonelderly adults or children living in the household.** In addition to self-verified documentation required of each family that participates in FHA housing programs, further source verification as determined by FHA may be obtained to clarify family-reported data. ➡ You must complete Part I, attach receipts or statements related to all medical-related copayments made or provide information regarding anticipated medical expense in the most recent 12-month period, and sign this form. Please insert your third-party contact information in Part II and provide the form to your healthcare professional or pharmacy provider to complete Parts II and III - they may submit their own signed verification that answers the questions in Part II and Part III. This form may be submitted by fax or mail to the address listed above. **Note: Submit one (1) copy of this form per provider.**

**Part I. TENANT INFORMATION**

\_\_\_\_\_  
 Last First MI XXX-XX-  
 Last 4 digits of your SSN

**I authorize the agency named below to release information necessary to verify my eligible medical and/or pharmacy expenses by new Medical and/or Pharmacy Verification form (and attach receipts), if/when I request an additional review of my expenses for rent redetermination. I agree that I will inform FHA of any changes to my medical expenses and will submit a revised Medical Expense and/or Disability Expense Verification Form to reflect those changes.**

My Signature ➡ \_\_\_\_\_ Date \_\_\_\_\_

**Part II. THIRD-PARTY SOURCE INFORMATION**

Business Name of Provider \_\_\_\_\_ Contact Name \_\_\_\_\_  
 \_\_\_\_\_ ( ) ( )  
 Street Unit # Phone Number / Fax Number  
 \_\_\_\_\_  
 City State/ZIP Email (optional)

**Part III. ELIGIBLE MEDICAL EXPENSE(S) AND/OR DISABILITY EXPENSE(S)**

1. The person whose signature appears on this form **paid:** \$ \_\_\_\_\_  
 for medical expenses for the previous 12 months from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. The person whose signature appears on this form **is expected to pay approximately:** \$ \_\_\_\_\_  
 in medical expenses for the upcoming 12 months of: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please check the type of anticipated medical, dental, and/or pharmacy-related expenses included in the estimated amount above:*

- Services of physicians and other health care professionals
- Services of a health care facility, home health care or periodic medical care
- Eyeglasses, hearing aids (and/or batteries), wheelchair, walker, and other supplies and equipment
- Medications
- Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTE TO 3<sup>rd</sup> PARTY SOURCE:** The individual named on page one of this form is an applicant of a housing program that requires verification of income. Your provided information will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated. **WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction. Therefore, what I have written on this form is true. I know that if I write information that is not true, on purpose, I may be charged with fraud.

Signature & Title of License Medical Care Provider \_\_\_\_\_ Date \_\_\_\_\_

**➡ RETURN THIS FORM TO FALMOUTH HOUSING ON OR BEFORE: ➡**







115 Scranton Avenue  
 Falmouth, MA 02540  
 (508) 548 – 1977  
 (508) 457-7573 Fax  
 www.falmouthhousing.org

**Clarification Record**

FHA Staff: The record below intends to clarify documentation, either received through the applicant/tenant and/or through a third-party source as it applies to certification and program eligibility which may differ from the initial application/questionnaire provided.

**Part I. Applicant/Tenant Information**

			XXX-XX-
Last	First	MI	Last 4 digits of SSN

**Part II. Clarification Data**

<input type="checkbox"/> Initial Certification	Move-In Date	_____
<input type="checkbox"/> Recertification (Annual or Interim)	Effective Date	_____

Means of Clarification:

Phone Conversation

Person-to-Person Conversation

Other: \_\_\_\_\_

Date of Clarification \_\_\_\_\_ Contact Name: \_\_\_\_\_

Company/Organization \_\_\_\_\_ Title/Position \_\_\_\_\_

**CLARIFICATION REQUESTED**

**RESPONSE**

**Note to File:**

Signature of FHA Staff & Title

Date

Falmouth Housing Authority does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its state or federally assisted programs and activities.



**Pay Stub Worksheet**

FHA Staff: Attach this worksheet to the employment verification to accurately determine, if not clear on the source documentation, the annualized earnings to determine eligibility for initial and/or other certification(s).

**Part I. Applicant/Tenant Information**

			XXX-XX- Last 4 digits of SSN
Last	First	MI	

**Part II. Current YTD Earnings Annualized**

YTD Amount	(divided by)	# Pay Periods	(equals)	Avg Per Pay Period	(multiplied by)	# Pay Periods (Annual)	(equals)	Annual Total
Example \$5977.85	/	23	=	\$259.91	x	52	=	\$13,515.14
	/		=		<b>X</b>		=	
Thru 07/31/2015								

**Part III. Most Recent Pays Annualized**

Gross Amount of All Checks	(divided by)	# Pay Periods Used	(equals)	Avg Per Pay Period	(multiplied by)	# Pay Periods (Annual)	(equals)	Annual Total
Example \$1513.20	/	6	=	\$252.20	x	52	=	\$13,114.40
	/		=		<b>X</b>		=	
<b>\$</b>	/		=	<b>\$</b>	<b>X</b>		=	
							<b>Total:</b>	

**Part V. DETERMINATION**

Based on the tests above, FHA will use income from  Part II  Part III in the annual amount of: \$

**Part VI. ADDITIONAL REVIEW**

Check each below to confirm that each paystub has been reviewed for the following items:

- 401k/403b/Retirement Account Deductions
- Life Insurance Deduction
- Direct Deposit to Bank Account(s):

Signature of FHA Staff & Title \_\_\_\_\_ Date \_\_\_\_\_

Falmouth Housing Authority does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its state or federally assisted programs and activities.