

Homelessness Prevention and Rapid Re-Housing Program INCOME VERIFICATION AND ASSET DECLARATION

INCOME VERIFICATION

I, _____, currently have a monthly income of \$_____. I know that I am responsible for informing my case manager of any changes in my income within one week of the change. I am aware that failure to do so could result in the loss of services through this agency. My income is currently received through:

Income Category	Amount Received (monthly)
Earned Income	\$
Unemployment	\$
Disability Income	\$
Worker's Compensation	\$
TANF	\$
Social Security	\$
Supplemental Security Income (SSI)	\$
Social Security Disability Income (SSDI)	\$
Alimony/Child Support/Foster Care Income	\$
Armed Forces Income	\$
Retirement/Pension	\$
Interest/Dividends	\$
Other (specify):	\$
Total Monthly Income	\$
Annualized Income	\$

ASSET DECLARATION

I further declare that I possess the following assets:

Asset Type	Value
Cash	\$
Checking Accounts	\$
Savings Accounts	\$
Money Market Accounts	\$
Trusts*	\$
Investments (stocks, bonds, CDs, etc.)*	\$
Retirement Accounts (IRA, 401(k), Keogh, etc.)*	\$
Other (specify):	\$
Total Assets	\$

I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

WARNING: 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.

Client Signature _____ Date _____

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-----For Office Use Only-----

TOTAL ANNUAL INCOME LIMITS

Household Size

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$23,600	\$27,000	\$30,350	\$33,700	\$36,400	\$39,100	\$41,800	\$44,500

TOTAL ASSET LIMITS

Household Size

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$1,967	\$2,250	\$2,529	\$2,808	\$3,033	\$3,258	\$3,483	\$3,708

I certify that the above applicant has provided the necessary documentation and:

- | | |
|--|---|
| <input type="checkbox"/> Meets Income Requirements | <input type="checkbox"/> Meets Asset Requirements |
| <input type="checkbox"/> Does Not Meet Income Requirements | <input type="checkbox"/> Does Not Meet Asset Requirements |

Case Manager

Date

* Contact your grantee jurisdiction if an amount is listed in this category and the client's total assets surpass the limits in the table above.