

**INCOME VERIFICATION FROM OTHER FEDERAL OR STATE RENTAL ASSISTANCE PROGRAM
(NOT HOUSING CHOICE VOUCHERS)**

The following is submitted as documentation to support the tenant income certification for the following household to determine their eligibility for housing. The household has applied to reside in a unit funded by the Indiana Housing and Community Development Authority ("IHCD") through Low Income Housing Tax Credits, the HOME Investment Partnerships Program, the National Housing Trust Fund, and/or similar federal affordable housing programs.

TO BE COMPLETED BY OWNER REPRESENTATIVE

Head of Household Name: _____

of Household Members: _____

Names of Additional Household Members:

Social Security Number (last four digits) of Head of Household: _____

TO BE COMPLETED BY RENTAL ASSISTANCE PROGRAM ADMINISTRATOR

The above-named household's annual gross household income (before deductions) has been verified by the Rental Assistance Program Administrator as \$_____.

of Household Members included in Income Verification: _____

Name of Rental Assistance Program: _____

Name of Organization Administering Program: _____

Representative's Printed Name

Representative's Title

Representative's Signature

Date

Telephone Number

E-Mail Address



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.

