VERIFICATION OF SECTION 8 ELIGIBILITY

TO: (Name & address)

_____

_____

_____

RE: _____ _____ _____
Applicant/Tenant Name | Social Security Number | Unit # (if assigned)

I hereby authorize release of the requested information.

_____ _____
Signature of Applicant/Tenant | Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

_____
Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

CENTER CITY HOUSING
105 1/2 WEST FIRST STREET
DULUTH, MN 55802

THIS SECTION TO BE COMPLETED BY LOCAL HOUSING AUTHORITY

In accordance with the IRS regulation Vol. 57 No. 171 1.42-5 2(b)(vii), September 2, 1992, the building owner of the above development is required to have the following written statement on file from the local housing authority:

_____, family size of _____, residing in a _____ size unit
Tenant Name | # of bedrooms

located at _____, County of _____, is receiving Section 8 of the United States Housing Act of 1937.

1. _____ This household is currently undergoing an income (re)certification. We are unable to provide you with the current gross annual income amount until _____[date], when the income certification is expected to be complete.
2. _____ This household has a completed income certification on file with an effective date of _____. The family's gross annual income, without any deductions or allowances, is $_____ and is calculated in a manner consistent with the determination of annual income under Section 8.

Local Housing Authority

Signature: _____ Date: _____
Print your name: _____ Tel. #: _____
Title: _____
Address _____
_____