

HOUSING AUTHORITY INCOME VERIFICATION

TO: _____

TEL.#: _____

DATE: _____ APT. #: _____
DEVELOPMENT NAME: Port Terrace Apartments
APPLICANT/RESIDENT: _____

FROM: Port Terrace Apartments
1587 W. Port View Drive.
Port Washington, WI 53074
TEL.#: 262-284-4477
FAX.#: 262-284-4476

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Applicant/Resident Signature

Social Security Number(s)

TO BE COMPLETED BY PROPERTY MANAGER

Individuals in household: (including minor children)

Maximum Section 42 Income Limit for this Household Size

\$ _____

TO BE COMPLETED BY THE PUBLIC HOUSING AUTHORITY

Applicant's/Resident's current GROSS income for Housing Authority purposes.

(Annual Income + Asset Income OR "Annual Income" on HUD-50059) \$ _____

Tenant's portion of the monthly rent: \$ _____ HAP per month:

\$ _____

I hereby certify that the individuals in the household listed above have a gross income for Section 8 purposes at or below the maximum Section 42 income limit listed above.

Comments: _____

Signature of Person Verifying Information: _____ Date: _____

Title: _____ Phone #: _____

OFFICE USE ONLY:

FORM # 50

