

## HOME Program Income Verification Form

This form is to be completed for each household in a HOME unit.

This form must be signed by the owner or agent and an adult representative of the tenant household.

Project Name: \_\_\_\_\_

Town: \_\_\_\_\_ County \_\_\_\_\_

Unit Number: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

### Rental Assistance

Initial Determination of Eligibility; or  
Year 6, 12, or 18 Recertification.  
(Third Party Documentation must be attached.)

Annual Recertification

Section 8, Tenant

Section 8, Project

RD

Other \_\_\_\_\_

### Household Data - Please provide all requested information for every member of the household.

Name	Relationship to Head of Household	Gender	Date of Birth	Hispanic (yes/no)	Race (see * below)
A. _____	<u>Head of Household</u>	_____	_____	_____	_____
B. _____	_____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____	_____
F. _____	_____	_____	_____	_____	_____
G. _____	_____	_____	_____	_____	_____

Type of Household (please circle one number)

1. Single/Non-Elderly; 2. Elderly; 3. Related/Single Parent; 4. Related/Two Parent; 5. Other

**\*Race Codes:** 1. White, 2. Black/African American, 3. Asian, 4. American Indian/Alaskan Native, 5. Native Hawaiian/Other Pacific Islander, 6. American Indian/Alaskan Native & White, 7. Asian & White, 8. Black/African American & White, 9. American Indian/Alaskan Native & Black/African American, 10. Other Multi Racial

### Gross Annual Income - List all income for each household member 18 years of age and older.

Household Member	Wages: Amount & Source	Social Security/ Pension	Public Assistance	Other: Amount & Source
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
Totals:	_____	_____	_____	_____

1. Total Gross Annual Household Income: \_\_\_\_\_

**Asset Information** - List all assets including bank accounts, stocks, bonds, CDs, IRAs, and Keogh accounts. Include cash value and actual yearly income.

Type of Asset	Cash Value	Annual Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Total Cash Value: \_\_\_\_\_

3. Total Annual Income: \_\_\_\_\_

4. Imputed Income

Enter amount from line 2 if over \$5,000 \$ \_\_\_\_\_ X .06% (passbook rate) = \$ \_\_\_\_\_

5. Total Household Income from Assets

Enter the greater amount from line 3 or 4. \$ \_\_\_\_\_

6. Enter Amount from Line 1 on Reverse:

\$ \_\_\_\_\_

7. Gross Annual Household Income from all Sources: Add lines 5 and 6: \$ \_\_\_\_\_

**Certification**

Tenant's certification:

I certify that the information provided is true and complete to the best of my knowledge. I authorize the owner/agent of the property and/or the Vermont Housing and Conservation Board to verify the information I have provided.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Agent

\_\_\_\_\_  
Date

VHCB Staff Reviewer \_\_\_\_\_ Date \_\_\_\_\_ Determination \_\_\_\_\_