



Low Income Housing Tax Credit – Verification of Eligibility

To:

Re: _____
Client Name (Please print)

XXX-XX-_____
Last 4 of Social Security No.

I hereby authorize release of the requested information:

Signature of Client

Date

The individual named above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential for the stated purpose only. Please respond as soon as possible.

Project Owner/Management Agent

Fax Number

This section to be completed by New Hampshire Housing

Client Name

Family size

Size of unit residing in

Unit address

City

State

Zip

is receiving Section 8 of the United States Housing Act of 1937. The family's gross annual income is \$_____ which is calculated in a manner consistent with the determination of annual income under Section 8.

- The client's last income determination date was: _____
- The client's Section 8 Recertification date is: _____

New Hampshire Housing Employee/Title

Date

(____)_____
Phone

4/2015

NEW HAMPSHIRE HOUSING FINANCE AUTHORITY

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