

**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:

\_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY LOCAL HOUSING AUTHORITY**

To be completed by the local housing authority:

\_\_\_\_\_, family size of \_\_\_\_\_, residing in a \_\_\_\_\_ size unit  
Tenant Name

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

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 \_\_\_\_\_  
\_\_\_\_\_