

Rental Subsidy Provider Statement of Income and Assets

For Households Receiving Rental Assistance Payments

Rental Subsidy Provider	Attn
Email	Fax Number
Applicant/Resident Name	

The undersigned has applied for/resides in a permanently affordable rental housing unit. The individual has signed the release below giving permission to supply the requested information. The information provided will remain confidential. Please return the completed form to the address/email/fax below.

Signature

Signature of Owner/Agent	Title	Date
Owner's/Agent's Address	Email	Owner/Agent Fax #

Consent to Release Information

My signature below authorizes verification of my income, assets, and assistance information.

Tenant/Applicant Signature	Last 4 SSN	Date
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Rental Subsidy Provider: Complete the Information Below

Please complete the requested information below for each household member. Please do not leave any items blank. If an item is not applicable, please check the N/A box.

As part of the certification/recertification process, the undersigned rental subsidy provider representative has verified the above-referenced applicant's/tenant's income and assets as determined by the requirements of the rental assistance program and certifies that the income does not exceed the applicable income limitations. **Please verify the gross amount of income before any deductions, for each household member.**

Household Member Name	Total Income \$	Household Member Claims Zero Income ☐ Yes ☐ No
Employment/Wages \$ ☐ N/A	Social Security/Pensions \$ ☐ N/A	Public Assistance (TANF/OAP, etc) \$ ☐ N/A
Child Support/Alimony \$ ☐ N/A	Gift Income \$ ☐ N/A	Other (please list type): \$

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