

ANTICIPATED INCOME VERIFICATION

APPLICANT/RESIDENT: \_\_\_\_\_

DATE: \_\_\_\_\_ APT. #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DEVELOPMENT NAME \_\_\_\_\_

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.

I, the undersigned, state that in the next 12 months, I anticipate receiving \$ \_\_\_\_\_ per week month year (Circle One), in the form of \_\_\_\_\_ (i.e. employment, self-employment, tips, non-court ordered child support, social security, worker’s compensation, unemployment, etc.). This amount is based on previous earnings, my current situation, or a previous agreement.

This anticipated income will be earned through or received from:

\_\_\_\_\_ (Name of business or person)

\_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City, State, Zip)

\_\_\_\_\_ (Telephone Number)

I understand that attempts will be made to verify this information through the above named source and I certify that the information that I have given on the Anticipated Income Verification is accurate. I understand that supplying false information or withholding information is fraud and is punishable under Federal regulations. **I also understand that such falsifying or withholding of information may constitute grounds for immediate eviction.**

Signature Applicant/Resident

Date

OFFICE USE ONLY:

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