

**SAFE HARBOR INCOME VERIFICATION
FOR MEANS-TESTED FORMS OF FEDERAL PUBLIC ASSISTANCE**
(06/24)

The following is submitted as documentation to support the tenant income certification for the following household to determine their eligibility for housing. The household has applied to reside in a unit funded through the Low Income Housing Tax Credit Program.

TO BE COMPLETED BY OWNER/OWNER REPRESENTATIVE

	Last Name	First Name	Date of Birth	Relationship to Head of Household
Head of Household				self
Household Member				
Household Member				
Household Member				
Household Member				
Household Member				
Household Member				

Head of Household's Last Four Digits of Social Security Number

TO BE COMPLETED BY ASSISTANCE PROGRAM ADMINISTRATOR/AGENCY

The above-named household's annual gross household income (before deductions) has been verified as \$

Date of Income Verification

Income was determined for the following federal public assistance programs

<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) (42 U.S.C. 601, et seq.)
<input type="checkbox"/> Medicaid (42 U.S.C. 1396 et seq.)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (42 U.S.C. 2011 et seq.)
<input type="checkbox"/> Earned Income Tax Credit (EITC) (26 U.S.C. 32)
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (42 U.S.C. 1786)
<input type="checkbox"/> Supplemental Security Income (42 U.S.C. 1381 et seq.)

Name of Agency

Representative's Printed Name	Representative's Title
Representative's Signature	Date
Email Address	Telephone Number