

HEAD OF HOUSEHOLD NAME	SOCIAL SECURITY NUMBER (last 4 digits)
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What is Income?

<p>The Head of Household must complete the form on the following page for each member of the household who receives any income and provide documentation. Please first review the definitions and examples of income listed below and see if they apply to any member of the household.</p> <p>TO BE COMPLETED AND SIGNED BY HEAD OF HOUSEHOLD.</p>	Have you completed this form?	
	Yes <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

INCOME SOURCES

- Employment: Please indicate the amount you or a household member receives from employment. Provide two recent consecutive paystubs or a verification letter on letter head from your employer stating amount and frequency of pay. You may also have "Form 4. Verification of Wages" completed by your employer.
- Social Security /SSI: Please indicate the amount you or a household member currently receives. HPD will verify this information using HUD's Enterprise Income Verification (EIV) database.
- Public Assistance: Provide a verification letter which states the amount of benefits paid.
- Child Support / Alimony: Provide official documentation or a letter from any parent(s) of minors living in the assisted household without one or both parents, showing the frequency and amount of child support and/or alimony payments. Provide an official document or copy of any legal separation documents. If there is no legal document, provide a letter from the person providing child support stating the amount and frequency of child support provided if any. A child will only be considered part of the household if he or she resides in the household at least 183 days (over 6 months / 50%) of the year.
- Disability: Provide official documentation of frequency and amount of disability payments.
- Unemployment /Worker's Compensation: Provide official documentation of the frequency and amount of unemployment and/or worker's compensation payments.
- Pension / Retirement: This category includes IRA distributions that must be reported. Provide official documentation of the frequency and amount of pension/ retirement income.
- Veteran's Pay: Provide official documentation of the frequency and amount of income from Veteran's Pay
- Financial Aid/ Scholarship: Provide official documentation from the source of the educational financial aid/ scholarship with the amount and frequency of money received.
- Real Estate: Please provide documentation of any income you receive from owning real property (e.g., rental income, income earned from the sale of property, etc.)
- Self-employment / Seasonal employment: If you are self-employed, a seasonal employee, a freelance worker (like delivery or taxi driver using a ride-share mobile phone application), or have had more than one employer in the past 12 months, provide a complete signed copy of your most recent tax return.
- Other Types of Support: If a household member receives any regular income from organizations or persons (including relatives and friends) not residing in your home, provide documentation of such support. For example, a signed statement from the person or agency providing the income, verifying the amount and frequency.



Division of Tenant Resources

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FORM 4. VERIFICATION OF WAGES

<p>The purpose of this form is to verify the wages of each household member. Each employed household member must complete this form if the below are not available:</p> <ul style="list-style-type: none"> Two (2) recent consecutive pay stubs stating gross wages Letter from employer stating gross wages and work hours <p>SECTION A TO BE COMPLETED BY EMPLOYED HOUSEHOLD MEMBER SECTION B TO BE COMPLETED, STAMPED AND SIGNED BY CURRENT EMPLOYER</p>	<p>Have you completed this form?</p>	
	<p>Yes</p> <input type="checkbox"/>	<p>Not Applicable</p> <input type="checkbox"/>

SECTION A (to be completed by EMPLOYEE)

Name of Employee: _____ Social Security Number: _____

SECTION B (to be completed by EMPLOYER)

Company: _____ Address: _____

Employer Representative: _____ Title: _____ Telephone: _____

Type of Income	Amount	Pay Frequency (Hourly, Bi-weekly, Monthly, Annual) Write in Below	Average hours worked per pay period
Current gross wages:	\$		
Gross wages in the past 12 months	\$		
Overtime:	\$		
Bonus, commission, or tips:	\$		
Armed Forces wages for exposure to hostile fire:	\$		
Future gross wages: (If wages are expected to increase, please indicate date effective: ___/___/___)	\$		

If wages for employee are seasonal, sporadic, or cannot be accurately captured in the above chart, please explain: _____

Original hire or rehire date: _____ Date of termination: _____

COMPANY STAMP/SEAL IS MANDATORY

I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under federal law.

SIGNATURE OF OFFICIAL

DATE