

**U.S. Department of Housing and Urban Development (HUD)  
Office of Lead Hazard Control and Healthy Homes (OLHCHH)**

# **FY22 NEW GRANTEE ORIENTATION**



## **Enrollment and Income Verification**

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**VIRTUAL CONFERENCE, JANUARY 31<sup>ST</sup>-FEBRUARY 4<sup>TH</sup>, 2022**

# Course Objective

- Identify ways to create and maintain unit enrollment for a successful program
- To understand and document the minimum requirements to calculate annual household income for the Lead-Based Paint Hazard Control and Lead Hazard Reduction Demonstration Grant Programs.

# Sources of Unit Enrollment

- Referral of identified EBL's from health departments.
- Health Fairs: attend or provide outreach materials.
- Section 8/Housing Choice Voucher
- Establish successful community partnerships.
- Establish effective Outreach and Marketing Approaches.
- Distribute in places frequented by families with children under age 6 (schools, daycare centers, WIC offices, etc)
- Use social media (facebook, Twitter, Instagram, etc)

# Other Sources of Enrollment

Distribute easy to read program information to:

- Day care centers
- Schools
- Churches
- Health care providers
- Community or city-wide events
- Department of Human Services
- Bulletin boards (Libraries, Laundromats)
- Signage on public transportation

# Enrollment Process

- One-on-one assistance usually guarantees application (when possible)
  - Fill out applications while at the families' home
  - Use portable scanners for copying documents
- If feasible, post fillable online applications on your public website
- Allow partners to assist clients with filling out applications
- Provide your health department with application packets to distribute to parent/guardian of EBL during the home visits

# Sustaining Unit Enrollment

- Continue focus on marketing/outreach (get out in the community and market the program)
- Slow down in enrollment rethink your marketing process
- Consider putting more emphasis on a method that produces good results

Remember: Program success depends on unit production

# POLICY GUIDANCE NUMBER: 2014-01

OFFICE OF LEAD HAZARD CONTROL  
AND HEALTHY HOMES

Policy Guidance Number: 2014-01		Date: November 5, 2014
Subject:	Eligibility of Units for Assistance	
Status:	Current	
Applicability:	All OLHCHH Lead-based Paint Hazard Control and Lead Hazard Reduction Demonstration grantees	
Related Guidance:	<ul style="list-style-type: none"><li>• Residential Lead-Based Paint Hazard Reduction Act of 1992 (Title X); Section 1011(a)<sup>1</sup></li><li>• Policy Guidance 2002-01</li><li>• Policy Guidance 2012-04</li><li>• Policy Guidance 2013-05</li><li>• Policy Guidance 2013-07</li></ul>	
Comments:	Policy Guidance 2012-04 is rescinded; this Guidance is effective the date above	

The Office of Lead Hazard Control and Healthy Homes (OLHCHH) is issuing this policy guidance to clarify eligibility requirements for recipients of federal funds issued under OLHCHH lead hazard control grant programs (i.e., the Lead-based Paint Hazard Control and Lead Hazard Reduction Demonstration grant programs), and authorized by the Residential Lead-Based Paint Hazard Reduction Act (Title X), as amended, which establishes the criteria for which assistance can be provided for housing containing lead-based paint hazards.

Section 1011(a) of Title X reads:

- (1) for grants made to assist rental housing, at least 50 percent of the units must be occupied by or made available to families with incomes at or below 50 percent of the area median income level and the remaining units shall be occupied or made available to families with incomes at or below 80 percent of the area median income level, and in all cases the landlord shall give priority in renting units assisted under this section, for not less than 3 years following the completion of lead abatement activities, to families with a child under the age of six years, except that buildings with five or more units may have 20 percent of the units occupied by families with incomes above 80 percent of area median income level*
- (2) for grants made to assist housing owned by owner-occupants, all units assisted with grants under this section shall be the principal residence of families with income at or below 80 percent of the area median income level, and not less than 90 percent of the units assisted with grants under this section shall be occupied by a child under the age of six years or shall be units where a child under the age of six years spends a significant amount of time visiting*

<sup>1</sup> As amended by Section 217 of Omnibus Consolidated Rescissions and Appropriations Act of 1996, Public Law 104-134

# POLICY GUIDANCE NUMBER: 2014-01

Summary Table of Section 1011

Occupant Type	Income Level <sup>2</sup>	Child Occupant <6 years old
Renter	<ol style="list-style-type: none"> <li>1. At least 50% units must be less than 50% AMI, and</li> <li>2. Remaining units (&lt;50%) must be less than 80% AMI</li> </ol>	<ol style="list-style-type: none"> <li>1. Not required at time of assistance</li> <li>2. Property owner must give priority to families with child under 6 years old for at least 3 years.</li> </ol>
Multifamily Renter (≥ 5 units in same property)	<ol style="list-style-type: none"> <li>1. 20% of total number of units in same building may exceed 80% AMI</li> <li>2. Remaining units must meet renter income requirements above</li> </ol>	<ol style="list-style-type: none"> <li>1. Not required at time of assistance</li> <li>2. Property owner must give priority to families with child under 6 years old for at least 3 years.</li> </ol>
Owner (primary residence)	100% of owner-occupied units must be occupied by families with less than 80% AMI	<ol style="list-style-type: none"> <li>1. At least 90% of total number of owner-occupied units assisted must have: <ul style="list-style-type: none"> <li>• A child under 6 years old in residence, or</li> <li>• A child under 6 years old spends a “significant amount of time”<sup>3</sup> or</li> <li>• A pregnant woman</li> </ul> </li> <li>2. Less than 10% of total number of units assisted may be occupied by families without a child</li> </ol>

# Income Verification Process

## Grantee Requirements:

- ▶ To collect, verify and file third party source documentation.
- ▶ Develop detailed policies and procedures regarding annual income definitions, income determination processes, calculation methodologies.
- ▶ Train staff, subrecipients, etc on income determination basics.
- ▶ Document that beneficiaries have incomes at or below the annual income limits established by HUD.
- ▶ Consider situations that combine various HUD program resources (i.e., CDBG).

# Income Verification Process

- ▶ Grantee must have written policies & procedures that cover:
  - Definition of income
  - Calculation methodology
  - Timing of certifications (6 months)
  - Documentation required (source, third party, etc.)
  - Income Limits
  - Recertifications (rental and tenant-based programs - if applicable)

Be sure to print and save income calculation summary.

# POLICY GUIDANCE NUMBER: 2017-05

<b>POLICY GUIDANCE NUMBER:</b> 2017-05		<b>DATE:</b> December 13, 2017
<b>SUBJECT:</b>	Income Verification Guidance	
<b>STATUS:</b>	Current	
<b>APPLICABILITY:</b>	The Office of Lead Hazard Control and Healthy Homes Lead-Based Paint Hazard Control (LHC) and Lead Hazard Reduction Demonstration (LHRD) grantees	
<b>RELATED GUIDANCES:</b>	PGI 2009-01, 2013-07	
<b>COMMENTS:</b>	This policy guidance is being updated to define income documentation for units enrolled in the Housing Choice Voucher program.	

The overarching purpose of the Residential Lead-Based Paint Hazard Reduction Act of 1992 ("Title X") is to protect children from the dangers of lead-based paint hazards. Section 1011 of Title X authorizes lead hazard control grant programs that conduct work in privately-owned housing of (primarily) low-income families. Specifically, Title X requires that certain percentages of housing units be occupied by low-income families residing (or expected to reside there after the work). (Title X is available at [www.hud.gov/offices/healthyhomes](http://www.hud.gov/offices/healthyhomes).) It is therefore necessary to verify the income of families being considered for enrollment in the grant program.

The Office of Lead Hazard Control and Healthy Homes (OLHCHH) recognizes the burden for families in trying to comply with the income requirements of Title X when they have already done so for another HUD or federal program, such as HUD's Housing Choice Voucher program. As a result, OLHCHH is issuing this policy guidance, updating PGI 2013-07, of the same title, to assist you in making sound decisions when assessing the income eligibility of certain applicants for program assistance. The change from the previous PGI 2013-07 includes:

- Defining the acceptable income verification documents for units enrolled in the Housing Choice Voucher program funded by HUD's Office of Public and Indian Housing.
- Describing the process by which Lead Hazard Control grantees should reach out to public housing agencies to facilitate enrollment in their grant program of families enrolled in the housing choice voucher program.

## Defining Income

As set forth in the previous guidance, a grantee has the flexibility to choose among the following three definitions of "annual income" when calculating income for the grant program; these definitions are used by the Housing Choice Voucher, Community Development Block Grants (CDBG), HOME Investment Partnerships Program (HOME) and many other HUD programs. The term "annual income" is used to refer to annual (gross) income using one of the following definitions of "annual income" when calculating income and allowances for grant program assistance:

# POLICY GUIDANCE NUMBER: 2020-01

*"If unit work is not completed, after December 13, 2020, the supporting documentation for income verification will no longer be considered valid and the grantee must gather new income information."*



OFFICE OF LEAD HAZARD CONTROL  
AND HEALTHY HOMES

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
WASHINGTON, D.C. 20410-5000

<b>POLICY GUIDANCE NUMBER:</b> 2020-01
<b>DATE:</b> June 26, 2020
<b>SUBJECT:</b> Pandemic-Related Income Verification Applicability Extension
<b>STATUS:</b> Current
<b>APPLICABILITY:</b> Lead Hazard Control Grant Programs, Healthy Homes Production Grant Programs
<b>RELATED GUIDANCES:</b> Income Verification Guidance 2017-05
<b>COMMENTS:</b> None

On March 13, 2020, President Donald Trump declared a national emergency as a result of a novel disease known as Coronavirus Disease 2019 ("COVID-19").<sup>1</sup> The unprecedented COVID-19 pandemic has presented significant challenges for Office of Lead Hazard Control and Healthy Homes (OLHCHH) grantees and partners to continue to carry out their fundamental mission of protecting children and their families from health and safety hazards in the home. One major obstacle identified during the pandemic is the timely compliance with participant income verification certifications.

The OLHCHH's lead hazard control grant programs<sup>2</sup> are authorized by section 1011 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, known as "Title X."<sup>3</sup> These grants are awarded through Notices of Funding Availability issued under that section. Section 1011(a) establishes family income eligibility requirements for the program. The OLHCHH's healthy homes production grant programs<sup>4</sup> are authorized by sections 501 and/or 502 of the Housing and Urban Development Act of 1970,<sup>5</sup> or by Appropriations Acts.<sup>6</sup>

<sup>1</sup> Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease Outbreak (March 13, 2020), [www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/](https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak/).

<sup>2</sup> The lead hazard control grant programs include, but are not limited to, the following types of grants: Lead-Based Paint Hazard Control, Lead Hazard Reduction Demonstration, Lead-Based Paint Hazard Reduction, Lead-Based Paint Hazard Reduction (High Impact Neighborhoods category), and Lead-Based Paint Hazard Reduction (Highest Lead-Based Paint Abatement Needs category).

<sup>3</sup> Title X is codified at title 42 U.S. Code chapters 60 and 63A; its section 1011 is codified at [42 U.S.C. § 4852](#).

<sup>4</sup> The healthy homes production grant programs include, but are not limited to, the following types of grants: Healthy Homes Production Grant Program, Healthy Homes Production for Tribal Housing Grant Program, Healthy Homes and Weatherization Cooperation Demonstration Grant Program, and Older Adult Home Modification Grant Program.

<sup>5</sup> The first three programs listed in footnote 4 are authorized by the HUD Act of 1970, sections 501 and 502, which are codified at [42 U.S.C. §§ 1701a-1 and 1701a-2](#), respectively.

<sup>6</sup> The fourth program listed in footnote 4 is authorized by the Consolidated Appropriations Act, 2019 ([Public Law 116-6](#)), and the Further Consolidated Appropriations Act, 2020 ([Public Law 116-94](#)); future rounds of that program may be authorized by future appropriations acts or by the act cited in footnote 5.

# Role of Annual Income

- ▶ Determines eligible participants.
- ▶ At the beginning of your program, you must determine your definition of “Annual Income:.”
- ▶ “Annual Income” refers to annual (gross) income using one of the following definitions of “annual income” when calculating income and allowances for grant program assistance:

*Note: Definition of income is not same as documentation of income -  
Example: using IRS definition does not mean tax return is only form of documentation*

# Select One Definition of “Annual Income”

1. Annual income as defined in 24 CFR 5.609, referred to as “Part 5 annual income”;
2. Annual income as reported under the Census Long Form for the most recent decennial census; and
3. “Adjusted gross income” as defined for reporting purposes under the IRS Form 1040 long form (*not* IRS Forms 1040A or 1040EZ themselves that were submitted to IRS).

# Question 1

Grantees adjust their definition of “annual income” based on the documentation provided by client or any other reason?

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# Question 1

Answer:

No. Grantees must select one definition of annual income and apply the income calculation methodology to each applicant consistently.

# Documenting Household Income Information (Part 5)

- ▶ Application/Intake Form
  - ▶ Includes requesting sufficient information to determine program eligibility
- ▶ Source documentation
  - ▶ Examples: paystubs, Social Security letter, bank statements, etc.
- ▶ Third party documentation
  - ▶ Examples: verification of employment, and other forms sent directly to third parties

## Accepted Forms of Income Verification and Documents of Expenses

<u>Types of Information</u>	<u>A) Review of documents</u>	<u>B) Third party written</u>	<u>C) Third party oral</u>
Wages and salaries including base and overtime rates, bonuses and incentive payments.	Pay stubs, earnings statement or W-2 form identifying employee and showing amount earned period of time covered by employment.	Signed and dated form or letter from employer specifying amount to be earned per pay period and length of pay period.	Statement indicating contact with employer by phone or in person specifying amount be earned per pay period.
Tips/gratuities and self-employment.	Notarized statement from applicant or form 1040/1040A showing amount earned and	None.	None.
Income maintenance, AFDC, welfare, Social Security	(1) Copy of check issued by agency (2) Award letter signed by agency	Signed and dated verification form signed showing amount and period received.	Statement indicating contact with agency, amounts received, and dates received.
Unemployment/Worker's Compensation	Same as 3A.	Same as 3B.	Same as 3C.
Child Support Payments	(1) Copy of payment records furnished by court, signed and dated, showing amount received. (2) Copy of divorce decree showing amount of support. (3) Copy of un chased check.	Written statement from paying parent.	Oral statement from paying parent (documented by agency)
Interest/dividends	(1) Passbook showing interest received and period covered. (2) Income tax return. (3) Dividend statement from bond holder or stock company.	Dated and signed verification form completed by savings institution showing amount and period received.	Same as 6A but obtained by means of oral contact with official at institution (documented by agency).

<b>Assets</b>	(1) Passbooks/letters completed by bank. (2) Real estate tax assessment or appraisal of real property. (3) Statement signed by applicant specifying assets.	None.	None.
<b>Child Care expenses</b>	(1) Receipts, canceled checks. (2) Itemized list signed by applicant.	Letter received from child care agency, babysitter, or person providing care showing amounts received or expected and period of service.	Same as 8B but with telephone or in-person contact (documented by agency).
<b>Medical Expenses</b>	(1) Receipts, canceled checks. (2) Records of insurance payment, indication of payroll deduction for medical insurance (3) Itemized list signed by applicant.	Form letter, dated and signed, from hospital or physician specifying amount due or expected to be due during the next 12 months.	Same as 9B but with telephone or in person contact (documented by agency).
<b>Housing Expenses</b>	(1) Receipts, canceled checks. (2) Itemized list signed by applicant.	Letter received from landlord showing amount of rent paid.	Same as 10B but with telephone or in person contact.

You are not required to re-examine a household's income, unless more than 6 months have elapsed since the household's income was certified.

# Income Verification Document Review **Hierarchy**

- A. Third Party (online or hard copy)
- B. Verbal Third Party (documented by the grantee)
- C. Tenant/Landlord Declaration (signed statement by tenant and/or landlord)
- D. Form HUD 50058

## How to Verify Income

Once you have chosen the specific definition of annual income that your program will use, you must determine how the applicant's income is verified. You must collect source documentation and ensure that this documentation is sufficient for HUD to monitor program compliance. Verification methods may not be altered to suit specific circumstances or applicants. The income verification methods should be included in your approved work plan. Worksheets for computing annual income are posted on the OLHCHH's website ([www.hud.gov/healthyhomes](http://www.hud.gov/healthyhomes)); open the Lead and Healthy Homes Programs Division webpage, and then the OLHCHH Grant Start-up Guidance webpage, and, within the Program Start-Up Tools section, open the link to the Annual Income Computation Worksheets, and are also available upon request.

The following income verification document review hierarchy should be followed in all cases:

- A. Third Party (online or hard copy)
- B. Verbal Third Party (documented by the grantee)
- C. Tenant/Landlord Declaration (signed statement by tenant and/or landlord)
- D. Form HUD 50058

Source: Policy Guidance 2017-05

## A. Third Party (online or hard copy)

- Provides an independent verification of information.
- Involves contacting an outside entity to obtain information about the income of household member(s).
- Third-party verification is the most reliable method.
- Example: HUD's Enterprise Income Verification system
  - Incorporate in policies and procedures and ensure income and occupancy limits set forth in Section 1011 of Title X are met.

# Third Party (online or hard copy)

- Involves sending the appropriate forms to employers and agencies listed as a source of income on application or as stated by applicant
- Execute a signed release form with the household to verify income via third party sources and to pull credit reports (if applicable).
- Send verification forms to the employer or agency. Be prepared to follow up if the agency is unresponsive and document verification efforts in the applicant's file.
- Utilize HUD's Enterprise Income Verification system
- The Work Number is an additional resource that is commonly used by large employers. <http://www.theworknumber.com>

# Sample 3<sup>rd</sup> Party Verification Form

*4th  
received  
the office*

██████████  
Attn: Human Resources  
██████████

To Whom It May Concern:

The person listed below is an applicant in the Cerro Gordo County Department of Public Health Lead-Based Paint Hazard Control Grant Program has indicated that he/she is employed with your company. We are required to estimate the income anticipated to be received during the upcoming 12-month period for applicants to the program. Please supply the information requested below and fax or mail it to me at your earliest convenience. Thank you for your reply.

Respectfully,  
██████████  
██████████  
██████████  
Phone: ██████████  
Fax: ██████████  
E-mail: ██████████

Verification is requested for: ██████████

Please check any that apply for the above applicant (before pre-tax deductions) for the upcoming 12-month period.

☒ A. The estimated amount of income for the above applicant's upcoming 12 months is \$ ██████████ including any estimated overtime, bonuses, fringe benefits, etc.

☐ B. Employment ended (or will end) on ██████████ (please enter date).

☐ C. Is currently collecting unemployment from our company.

☐ D. His/her work with our company has been temporary, nonrecurring, or sporadic.

☐ E. Other ██████████

Authorized Signature: ██████████ Title: ██████████ Date: ██████████

We do NOT use "The Work Number".

*\* correction by phone 04/06/17 CP  
# employer calculated it wrong their first time,  
then wrote it wrong the 2nd time.*

## Verification of Employment

(Name of HOME Participating Jurisdiction)	Employed since: _____ Occupation: _____
	Salary: _____
<p>AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	Effective date of last increase: _____
	Base pay rate: _____
	\$ _____/Hour; or \$ _____/Week; or \$ _____/Month
	Average hours/week at base pay rate: _____ Hours
	No. weeks _____, or No. weeks _____ worked/Year
	Overtime pay rate: \$ _____/Hour
	Expected average number of hours overtime worked per week during next 12 months _____
	Any other compensation not included above (specify for commissions, bonuses, tips, etc.): _____
	For: _____ \$ _____ per _____
	Is pay received for vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, no. of days per year _____	
Total base pay earnings for past 12 mos. \$ _____	
Total overtime earnings for past 12 mos. \$ _____	
Probability and expected date of any pay increase: _____	
Does the employee have access to a retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what amount can they get access to: \$ _____	
RELEASE: I hereby authorize the release of the requested information.	Signature of _____ or Authorized Representative
(Signature of Applicant)	Title: _____
Date: _____	Date: _____
or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.	Telephone: _____
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

## B. Verbal Third Party (documented by the grantee)

- Grantee may contact the employer via telephone or in person to confirm employment specifying the amount to be earned per pay period.
- Grantee is required to document the verbal income verification.
  - Provide a signed and dated statement in the grant file.

## C. Tenant/Landlord Declaration (signed statement by tenant and/or landlord)

- Employer provides a signed and dated statement specifying the amount to be earned per pay period.
- Verification of Employment form can be downloaded from [www.hudexchange.info/](http://www.hudexchange.info/)
- The applicant must attest by signature that the information provided is accurate under penalty of law. The declaration must include the following certification by the tenant/landlord:
  - "I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting

# Determining Whose Income to Count

- Do not count the following household members (or their associated income):
    - live-in aides
    - children of live-in aides
    - children being pursued for legal custody or adoption who are not currently living with the household
- \*This list does not follow the HOME program regulations.*

# Dealing with Wage Rates and Variations in Pay

- Tips for calculating wage rates:
  - If paid for every week of the year: Pay rate times 2080 hours (40 hours times 52 weeks).
  - If not paid for every week: Pay rate times number of hours per week times number of weeks worked per year, OR multiply total quarterly pay times 4.
- **Variations in pay:**
  - If seasonal income, add months of pay + unemployment to project 12 months forward.

# Dealing with Wage Rates and Variations in Pay Cont'd

- **Other Common Sources of Income**

- Unemployment:
- If a household member is currently receiving unemployment payments, verify amount received
- If a client is not currently receiving payments, but has signed up for unemployment payments or expects to soon, use the prior year tax return or last two years to obtain an average payment amount.

# Dealing with Wage Rates and Variations in Pay Cont'd

- **Other Common Sources of Income**

- Self Employed: document current information if available. If current information is not available, use prior year tax return or last two years to obtain average income.
- Construction and/or seasonal: ensure all employers are included, use verification letters and forms for all if possible.
- Cash: Review for periodic payments in checking and/or savings account statements.

# Dealing with Wage Rates and Variations in Pay Cont'd

- **Zero income for one or more household members.**
  - First, ask the client questions about household members' ability to pay rent, utilities, car payment, etc. to determine if zero income is correct. Verify cash and other income identified.
  - Second, review tax return from prior year. Use third party verification with prior employers, benefits, etc. as indicated on the household's tax return.
  - Finally, if desired, use IRS form 4506 to obtain a certified tax return. If income is indicated on the tax return, then talk to the client to determine if any of the sources

# Sample Process

## ***Process of Determining Income***

- a. Assist the client in completing an application form that includes the proper privacy notices and required releases.
- b. Collect and analyze appropriate income documentation for household members either through third party verification or source documentation. Some agencies speed up this process by requiring clients to bring pay stubs, bank account records and other required documents to an interview in which the application form is completed.
- c. Ask questions about raises or other anticipated income changes (from employer, applicant). Grantees should assume that current circumstances will continue for next 12 months unless there is documentation that current circumstances will change within next 12 months - e.g., pay raises, overtime, family size or composition.
- d. Calculate applicant's projected household income based upon documentation provided.

## Question 2

- Is a paycheck stub (2weeks) or social security statement sufficient to document household income?

Answer:

- No. What if the applicant has more than 1 job or individuals that collect social security also work?  
Requesting bank statements is reasonable method to verify deposits and interest earned/assets.

# INCOME ELIGIBILITY WORKSHEET



## SAMPLE FORMAT FOR CALCULATING PART 5 ANNUAL INCOME

1. Name		2. Identification			
ASSETS					
Family Member	Asset Description	Current Cash Value of Assets		Actual Income from Assets	
3. Net Cash Value of Assets.....		3.			
4. Total Actual Income from Assets.....				4.	
5. If line 3 is greater than \$5,000, multiply line by ____ (Passbook Rate) and enter results here; otherwise, leave blank				5.	
ANTICIPATED ANNUAL INCOME					
Family Members	Wages/ Salaries	Benefits/ Pensions	Public Assistance	Other Income	Asset Income
					Enter the greater of lines 4 or 5 from above in e.
6. Totals	a.	b.	c.	d.	e.
Enter total of items from 6a. through 6e. This is <i>Annual Income</i> .					7.

# Helpful Resources

- [https://www.hud.gov/sites/dfiles/HH/documents/PG%202017\\_05%20Income%20Verification%20Guidance%20Revision%20Finalrv.pdf](https://www.hud.gov/sites/dfiles/HH/documents/PG%202017_05%20Income%20Verification%20Guidance%20Revision%20Finalrv.pdf)
- [https://www.hud.gov/sites/dfiles/HH/documents/PG\\_2020-01\\_Pandemic-Related\\_Income\\_Verification\\_Applicability\\_Extension%20-%20Copy.pdf](https://www.hud.gov/sites/dfiles/HH/documents/PG_2020-01_Pandemic-Related_Income_Verification_Applicability_Extension%20-%20Copy.pdf)
- Area Median Income: <https://www.huduser.gov/portal/datasets/il.html>
- <https://www.hudexchange.info/incomecalculator/>