APPENDIX 12
SAMPLE FORMS: VERIFICATION OF INCOME FORMS
VERIFICATION OF: Unemployment Benefits

(Name of Indian Housing Authority)  Benefits

1. Are benefits being paid now?  ___ Yes  ___ No

2. If yes, what is Gross Weekly Payment?  $_______

3. Date of Initial Payment  ________

AUTHORIZATION: Federal Regulations require us to verify Unemployment Benefits Income of all members of the household applying for participation in the Indian Housing Programs 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.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

RELEASE: I hereby authorize the release of requested information.

_________________________  Signature of _________________ or Authorized Representative  
   ___________________________  Title:______________________________

(Signature of Applicant)

Date:_________________________  Date:_________________________
or

Telephone:_________________________

A copy of the executed "Authorization for Request of Information," which authorizes the release of information requested, is attached.

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.

-- SAMPLE --  Appendix 12
A-12.1
VERIFICATION OF: Medical Expenses

(Name of Indian Housing Authority) This is to certify that _______________ anticipates $_____ in medical expenses over the next 12 months.

AUTHORIZATION: Federal Regulations require us to verify Medical Expenses of all members of the household applying for participation in the Indian Housing Programs which we operate and to reexamine these expenses 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.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

RELEASE: I hereby authorize the release of the Signature of or requested information. Signature of ________________ or or Authorized Representative __________

(Signature of Applicant) ________________________________

Date:________________________________ Date:________________________________

Telephone:____________________________ or:

A copy of the executed "Authorization for Request of Information," which authorizes the release of information requested, is attached.

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.

-- SAMPLE -- Appendix 12
A-12.2

VERIFICATION OF: Employment Income

(Name of Indian Housing Authority) Employed Since_____ Occupation________

Salary:_______ 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 per 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? ___ No. of days/yr:
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 retirement account? ___ Yes ___ 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; 
Telephone:__________________________

A copy of the executed "Authorization for Request of Information," which authorizes the release of information requested, is attached.

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-- SAMPLE -- 

Appendix 12

A-12.3

VERIFICATION OF: Recurring Cash Contributions

(Name of Indian Housing Authority) Purpose of Cash Contribution:____________
Amount anticipated to be received for the next 12 months:

Date:__________     $________

AUTHORIZATION: Federal Regulations require us to verify Recurring Cash Contributions of all members of the household applying for participation in the Indian Housing Programs which we operate and to re-examine these expenses 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.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

RELEASE: I hereby authorize the release of the requested information.

Signature of _____________________ or Authorized Representative____________________

(Signature of Applicant)  Title:____________________________

Date:____________________________  Date:____________________________

Telephone:_______________________
or,

A copy of the executed "Authorization for Request of Information," which authorizes the release of information requested, is attached.

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.

-- SAMPLE --  Appendix 12
A-12.4
VERIFICATION OF: Income from Assets

SAMPLE COULD NOT BE REPRODUCED HERE.

-- SAMPLE --  Appendix 12
VERIFICATION OF: Child Support Payments

(Name of Indian Housing Authority) Name of Person Paying Child Support: ______________________________________

Address: ______________________________________

Support is for __ his __ her children.

AUTHORIZATION: Federal Regulations require us to verify Child Support Payments made to all members of the household applying for participation in the Indian Housing Programs which we operate and to re-examine these expenses 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.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

RELEASE: I hereby authorize the release of the requested information.

Signature of __________________ or Authorized Representative _______

Title:___________________________

(Signature of Applicant) Date:___________________________

Telephone:_______________________

or;

A copy of the executed "Authorization for Request of Information," which authorizes the release of information requested, is attached.

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.