

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.

4. Duration of Benefits: _____ weeks

If claimant eligible for future
benefits? ____ Yes ____ No

5. If yes, how many weeks? _____ weeks

6. If no, what is the termination
date of benefits? _____

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

(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.

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

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 participa-
tion 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
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.

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Appendix 12

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

AUTHORIZATION: Federal Regulations
require us to verify Employment
Income 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 infor-
mation. This information will be
used only to determine the eligibility
status and level of benefit of the
household.

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.
\$____

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

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.

Date:_____ \$_____
Date:_____ \$_____
Date:_____ \$_____
Date:_____ \$_____
Date:_____ \$_____
Date:_____ \$_____
Date:_____ \$_____

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:_____

Date:_____

Telephone:_____

or,

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

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-- SAMPLE --
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Appendix 12

VERIFICATION OF: Income from Assets

SAMPLE COULD NOT BE REPRODUCED HERE.

-- SAMPLE --

Appendix 12

A-12.5

VERIFICATION OF: Child Support Payments

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

Address:

children.

Support is for __ his __ her

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.

Childrens Names are:

Amount of Support

\$_____ Week, ___Month, ___Year

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.

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