

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 _____
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? _____

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

(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.

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 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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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 _____

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 information. This information will be used only to determine the eligibility status and level of benefit of the household.

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 --

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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: _____ \$ _____

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: _____

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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VERIFICATION OF: Income from Assets

SAMPLE COULD NOT BE REPRODUCED HERE.

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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.

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.

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.