



## Income Verification Form

This form must be completed by the Agency which administers the grant or has verified knowledge of the amounts received.  
 The Section 8 participant is NOT allowed to complete the form.

Date: \_\_\_\_\_  
 RE: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Social Security #: \_\_\_\_\_  
 Return By: \_\_\_\_\_  
 To: Longmont Housing Authority  
 1228 Main Street  
 Longmont, CO 80501  
 Email: [info@longmontha.com](mailto:info@longmontha.com)

To process an application for Federally sponsored housing assistance, verification of income is required. The applicant's signature on this form (or attached Authorization for Release of Information) authorizes you to release a statement of information regarding the applicant(s) or participant(s) income and benefits. All information shall be kept in strict confidence.

\_\_\_\_\_  
 LHA Representative  
 Date \_\_\_\_\_

\_\_\_\_\_  
 Applicant/Participant Signature  
 Date \_\_\_\_\_

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Source of Income	Effective Date	#Adults	#Children
<input type="checkbox"/> Welfare _____ per _____	_____	_____	_____
<input type="checkbox"/> Child Support/Disregard _____ per _____	_____	_____	_____
<input type="checkbox"/> Disability (AND) _____ per _____	_____	_____	_____
<input type="checkbox"/> Old Age Pension (OAP) _____ per _____	_____	_____	Increase for winter rate: _____
<input type="checkbox"/> Supplemental Security Income (SSI) _____ per _____	_____	_____	_____
<input type="checkbox"/> Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No _____ per _____	_____	_____	_____
<input type="checkbox"/> Social Security _____ per _____	_____	_____	Is this amount frozen? _____
<input type="checkbox"/> Medicare _____ per _____	_____	_____	_____
<input type="checkbox"/> Workmen's Compensation _____ per _____	_____	_____	_____
<input type="checkbox"/> Unemployment Benefits _____ per _____	_____	_____	_____
<input type="checkbox"/> V.A. Benefits _____ per _____	_____	_____	_____
<input type="checkbox"/> Railroad Retirement _____ per _____	_____	_____	_____
<input type="checkbox"/> Pension/Retirement _____ per _____	_____	_____	_____
<input type="checkbox"/> Other: _____ per _____	_____	_____	_____

Is there any change expected in the next 12 months? \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Agency/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_  
 Date: \_\_\_\_\_