## SUGGESTED FORMS OF INCOME VERIFICATION AND DOCUMENTATION OF EXPENSES HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Types of Information	A) Review of documents	<b>B)</b> Third party written	C) Third party
oral 1. Wages and salaries including base and overtime rates, bonuses and incentive payments be	Pay stubs, earnings statement or W-2 form identifying employee and showing amount earned and 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 to earned per pay period.
2. Tips/gratuities and self- employment	Notarized statement from applicant or form 1040/1040A showing amount earned and employment period.	None.	None.
3. Income maintenance, AFDC, date welfare, Social Security agency,	<ol> <li>(1) Copy of check issued by agency.</li> <li>(2) Award letter signed by agency.</li> </ol>	Signed and dated verification form completed by agency showing amount and period received.	Statement indicating of contact with amount received, and dates received.
4. Unemployment/Worker's Compensation.	Same as 3A.	Same as 3B.	Same as 3C.

## Types of InformationA) Review of documentsB) Third party writtenC) Third partyoral

<ul> <li>5. Child Support Payments paying</li> <li>(<u>Counted</u> as income for HOPWA for the custodial parent.)</li> <li>(<u>Not eligible</u> with HOPWA for exclusion on adjusted gross income for non-custodial parent.)</li> </ul>	(1) Copy of payment records	Written statement	Oral statement from
	furnished by court, signed and dated, showing amount received; (2) Copy of divorce decree show- ing amount of support. (3) Copy of uncashed check.	from paying parent.	parent.
<ul><li>6. Interest/dividends obtained by</li><li>with</li><li>Date</li><li>specified.</li></ul>	(1) Passbook showing interest	Dated and signed verification	Same as 6A but
	received and period covered.	form completed by savings	means of oral contact
	(2) Income tax return.	institution showing amount	official at institution.
	(3) Dividend statement from	and period received.	of contact must be
	bond holder or stock company.		
7. Assets	<ol> <li>(1) Passbooks/letters completed by bank.</li> <li>(2) Real estate tax assessment or appraisal of real property.</li> <li>(3) Statement signed by applicant specifying assets.</li> </ol>	None.	None.

<u>Types of Information</u> oral	A) Review of documents	<b>B) Third party written</b>	C) Third party
8. Child care expenses	<ul><li>(1) Receipts, canceled checks.</li><li>(2) Itemized list signed by</li></ul>	Letter received from child care agency, babysitter, or person	Same as 8B but with telephone or in-person
	applicant.	providing care showing amounts received or expected and period of service.	contact.
9. Medical expenses	<ol> <li>(1) Receipts, canceled checks;</li> <li>(2) Records of insurance payment, indication of payroll deduction for medical insurance;</li> <li>(3) Itemized list signed by applicant.</li> </ol>	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.
10. Housing expenses	<ul><li>(1) Receipts, canceled checks.</li><li>(2) Itemized list signed by applicant.</li></ul>	Letter received from landlord showing amount of rent paid.	Same as 10B but with telephone or in-person contact.

## OTHER INFORMATION THAT MAY REQUIRE VERIFICATION

<u>Types of Information</u> oral	A) Review of documents	<b>B) Third party written</b>	C) Third party
1. Dependent children Age Relationship	<ul> <li> Income tax returns</li> <li> Support payment records</li> <li> Marriage certificates</li> <li> Social Security records</li> <li> Birth certificates</li> <li> VA records</li> <li> Divorce records</li> </ul>	None required.	None required.
2. Disability	<ol> <li>(1) Doctor's statement furnished by applicant.</li> <li>(2) Social Security Administra- tion records indicating nature of disability.</li> </ol>	State Review Board's or doctor's statement or prepared form specifying nature of disability.	Same as 2B but with telephone or in-person contact.
3. Full-time student status	School identification card or school records specifying period of time attended and indicating full-time status.	Written statement, dated and signed, received from school specifying that applicant is enrolled full-time and the dates attending.	Same as 3B but with telephone or in-person contact.