

**INCOME VERIFICATION FROM OTHER FEDERAL OR STATE RENTAL ASSISTANCE PROGRAM  
(NOT HOUSING CHOICE VOUCHERS)**

The following is submitted as documentation to support the tenant income certification for the following household to determine their eligibility for housing. The household has applied to reside in a unit funded by the Indiana Housing and Community Development Authority (“IHCD”) through Low Income Housing Tax Credits, the HOME Investment Partnerships Program, the National Housing Trust Fund, and/or similar federal affordable housing programs.

**TO BE COMPLETED BY OWNER REPRESENTATIVE**

Head of Household Name: \_\_\_\_\_

# of Household Members: \_\_\_\_\_

Names of Additional Household Members:

\_\_\_\_\_  
\_\_\_\_\_

Social Security Number (last four digits) of Head of Household: \_\_\_\_\_

**TO BE COMPLETED BY RENTAL ASSISTANCE PROGRAM ADMINISTRATOR**

The above-named household’s annual gross household income (before deductions) has been verified by the Rental Assistance Program Administrator as \$\_\_\_\_\_.

# of Household Members included in Income Verification: \_\_\_\_\_

Name of Rental Assistance Program: \_\_\_\_\_

Name of Organization Administering Program: \_\_\_\_\_

\_\_\_\_\_  
Representative’s Printed Name

\_\_\_\_\_  
Representative’s Title

\_\_\_\_\_  
Representative’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail Address



**We encourage and support the nation’s affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.**

