



Income Verification

Form #: MHTF-245

Head of Household (1): _____

Head of Household (2): _____

Members of Household: _____ Age: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Verification:

Area Median Income Information
 County: _____
 # of Members in Household: _____
 Corresponding AMI: _____
 *This number should be greater than the **Total Annual Income**
 * This information can be found at:
http://www.mhdc.com/program_compliance/Income_limits.htm

Income:

<input type="checkbox"/>	Employment:	_____	(gross; year to date multiplied through the year)
<input type="checkbox"/>	Social Security:	_____	(gross; checks or deposit slips are not acceptable as verification)
<input type="checkbox"/>	Unemployment:	_____	
<input type="checkbox"/>	Alimony/Child Support:	_____	
<input type="checkbox"/>	Recurring Contributions/Gifts:	_____	
<input type="checkbox"/>	Other:	_____	
<input type="checkbox"/>	Other:	_____	

Total: _____ (A)

Assets:

<input type="checkbox"/>	Cash in Savings Account:	_____	X
<input type="checkbox"/>	Cash in Checking Account:	_____	X
<input type="checkbox"/>	Cash in Safety Deposit Box:	_____	X
<input type="checkbox"/>	Cash in Other Location:	_____	X
<input type="checkbox"/>	Insurance policies:	_____	
<input type="checkbox"/>	_____	_____	
<input type="checkbox"/>	_____	_____	
<input type="checkbox"/>	Property Value:	_____	
<input type="checkbox"/>	Other:	_____	
<input type="checkbox"/>	Other:	_____	

Interest earned:

_____	=	_____
_____	=	_____
_____	=	_____
_____	=	_____
_____	=	_____
_____	=	_____
_____	=	_____
_____	=	_____
_____	=	_____

Total of 1: _____ **Total of 2:** _____ (1)

* If total of box 1 is greater than \$5,000, then multiply by .02: _____ (2)

(otherwise disregard)

The greater of line (1) and (2): _____ **(B)**

Total Annual Income = (A) + (B) = _____