

**EXHIBIT S – VERIFICATION OF SECTION 8 ELIGIBILITY**

Property Name: \_\_\_\_\_ Property Number: \_\_\_\_\_  
Unit Number: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/RESIDENT**

**Local Housing Authority Information:**

**Please Return Form To:**

To: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Addr: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

To: \_\_\_\_\_  
Attn: Compliance/Resident Manager  
Addr: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I hereby authorize the release of my information requested below.

Applicant/Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The individual named directly above is an applicant/resident of a housing program that requires verification of income eligibility for residency. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Owner/Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY LOCAL HOUSING AUTHORITY**

In accordance with the IRS regulation Vol. 57 No. 171 1.42-5 2(b)(vii), September 2, 1992, the building owner of the above property is required to have the following written statement on file from the local housing authority:

The \_\_\_\_\_ household, family size of \_\_\_\_\_, residing in a unit size of \_\_\_\_\_ bedroom(s) located at \_\_\_\_\_ in County of \_\_\_\_\_, is receiving Section 8 of the United States Housing Act of 1937.

**CHECK ONE AND COMPLETE THE INFORMATION:**

This household is currently undergoing an income (re)certification. We are unable to provide you with the current gross annual income amount until the date of \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_, when the income certification is expected to be complete.

This household consists of \_\_\_\_\_ members that have a completed income certification which has with an effective date of \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_. The family's gross annual income, without any deductions or allowances, is \$ \_\_\_\_\_ and is calculated in a manner consistent with the determination of annual income under Section 8.

Signature

Date

Printed Name and Title

Telephone Number

**Note:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.