

INCOME VERIFICATION FORM

Independent Housing Program

Resident Name: _____
Date of Birth: _____
Phone Number: _____
Email: _____

Employment / Income Information

Source of Income (check one or more):

- ☐ Employment
 - ☐ Social Security (SSI/SSDI)
 - ☐ Unemployment
 - ☐ Pension/Retirement
 - ☐ Public Assistance (TANF, SNAP, etc.)
 - ☐ Other: _____
-

Employer or Agency Name: _____
Contact Person (if applicable): _____
Phone/Email: _____
Address: _____

Monthly Income Amount: \$ _____

How often is this received?

- ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Other: _____

Length of Time Receiving This Income: _____



Verification

Please provide **proof of income**, such as:

- Pay stubs (last 30 days)
- Award letter (for SSI/SSDI, pensions, etc.)
- Bank statements (if direct deposit)
- Letter from employer or agency

Resident Signature: _____

Date: _____

Staff Use Only:

☐ Verified by: _____

☐ Date Received: _____

☐ Notes: _____