

OREGON HOUSING AND COMMUNITY SERVICES
VERIFICATION OF INCOME
PART A

Property Name: _____

Address: _____

Move-In Certification: _____ Annual Recertification: _____

Apartment Number: _____ Move-In Date: _____

Name	Relationship to Head of Household	Age	Social Security Number

Please refer to the attached instructions when completing the following:

Gross Family Income

The anticipated annual gross income of all of the above persons during the next 12 month period, excluding income derived from assets (stocks, bonds, bank accounts CDs, rental property, etc.) is

\$ _____

Net Family Assets & Income

Total value of assets for the household

\$ _____

See instructions for inclusions and exclusions.

Actual annual income from these assets \$ _____

I(we) acknowledge that all of the above information is true and is relevant to the status under federal income tax law of the interest on bonds issued to finance construction of the apartment building for which application is being made. I(we) consent to the disclosure of such information to the issuer of such bonds, the holders of such bonds, any trustee acting on their behalf and any authorized agent of the Treasury Department or Internal Revenue Service.

Signed: _____ Date: _____

Signed: _____ Date: _____