

Appendix 3

Acceptable Forms of Verification

Appendix 3: Acceptable Forms of Verification

| Factor to be Verified | ACCEPTABLE SOURCES | | | | | Verification Tips |
|---|--|--|--|--|------------------|-------------------|
| | Third Party ^a | | | *Provided by Applicant | Self-Declaration | |
| | Written ^{b and d} | *Provided by Applicant ^e | Oral ^c | | | |
| <ul style="list-style-type: none"> Age. <p>*(See Chapter 3, Paragraph 3-28.C)*</p> | <ul style="list-style-type: none"> None required. | <ul style="list-style-type: none"> None required. | <ul style="list-style-type: none"> None required. | <ul style="list-style-type: none"> Birth Certificate Baptismal Certificate Military Discharge papers Valid passport Census document showing age Naturalization certificate Social Security Administration Benefits printout | | |

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^c**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

^d**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.*

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| <ul style="list-style-type: none"> Alimony or child support. <p>*(See Chapter 5, Paragraphs 5-6.F and 5-10.F)*</p> | <ul style="list-style-type: none"> Copy of separation or divorce agreement provided by ex-spouse or court indicating type of support, amount, and payment schedule. Written statement provided by ex-spouse or income source indicating all of above. If applicable, written statement from court/attorney that payments are not being received and anticipated date of resumption of payments. | <ul style="list-style-type: none"> Recent original letters from the court. | <ul style="list-style-type: none"> Telephone or in-person contact with ex-spouse or income source documented in file by the owner. | <ul style="list-style-type: none"> Copy of most recent check, recording date, amount, and check number. | <ul style="list-style-type: none"> Notarized statement or affidavit signed by applicant indicating amount received. If applicable, notarized statement or affidavit from applicant indicating that payments are not being received and describing efforts to collect amounts due. | <ul style="list-style-type: none"> Amounts awarded but not received can be excluded from annual income only when applicants have made reasonable efforts to collect amounts due, including filing with courts or agencies responsible for enforcing payments. |

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| <ul style="list-style-type: none"> Assets disposed of for less than fair market value. <p>*(See Chapter 5, Paragraph 5-7.G.8)*</p> | <ul style="list-style-type: none"> None required. | <ul style="list-style-type: none"> Certification signed by applicant *and/or tenant* that no *family* member has disposed of assets for less than fair market value during *the* preceding two years. If applicable, certification signed by the owner of the asset disposed of that shows: <ul style="list-style-type: none"> Type of assets disposed of; Date disposed of; Amount received; and Market value of asset at the time of disposition. | <ul style="list-style-type: none"> Only count assets disposed of within a two-year period prior to *certification or recertification.* |

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| <ul style="list-style-type: none"> Auxiliary apparatus. <p>*(See Chapter 5, Paragraph 5-10.C)*</p> | <ul style="list-style-type: none"> Written verification from source of costs and purpose of apparatus. Written certification from doctor or rehabilitation agency that use of apparatus is necessary to employment of any family member. In a case where the disabled person is employed, statement from employer that apparatus is necessary for employment. | <ul style="list-style-type: none"> Copies of receipts. | <ul style="list-style-type: none"> Telephone or in-person contact with these sources documented in file by the owner. | <ul style="list-style-type: none"> Evidence of periodic payments for apparatus. | <ul style="list-style-type: none"> Not appropriate. | <ul style="list-style-type: none"> The owner must determine if the expense is to be considered a medical or disability assistance. |

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| <ul style="list-style-type: none"> Care attendant for disabled family members. <p>*(Paragraph 5-10.C)*</p> | <ul style="list-style-type: none"> Written verification from attendant stating amount received, frequency of payments, hours of care. Written certification from doctor or rehabilitation agency that care is necessary to employment of family member. | <ul style="list-style-type: none"> Copies of receipts. | <ul style="list-style-type: none"> Telephone or in-person contact with source documented in file by the owner. | <ul style="list-style-type: none"> Cancelled checks indicating payment amount and frequency. | <ul style="list-style-type: none"> Notarized statement or signed affidavit attesting to amounts paid. | <ul style="list-style-type: none"> The owner must determine if this expense is to be considered a medical or disability assistance. |

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| <ul style="list-style-type: none"> Child care expenses (including verification that a family member who has been relieved of child care is working, attending school, or looking for employment). <p>*(Paragraph 5-10.B)*</p> | <ul style="list-style-type: none"> Written verification from person who provides care indicating amount of payment, hours of care, names of children, frequency of payment, and whether or not care is necessary to employment or education. Verification of employment as required under Employment Income. Verification of student status (full or part-time) as required under Full-Time Student Status. | <ul style="list-style-type: none"> Copies of receipts | <ul style="list-style-type: none"> Telephone or in-person contact with these sources (child care provider, employer, school) documented in file by the owner. | <ul style="list-style-type: none"> Cancelled checks indicating payments. For school attendance, school records, such as paid fee statements that show that the time and duration of school attendance reasonably corresponds to the period of child care. | <ul style="list-style-type: none"> For verification of "looking for work," details of job search effort as required by owner's written policy. | <ul style="list-style-type: none"> Allowance provided only for care of children 12 and younger. When same care provider takes care of children and disabled person, the owner must prorate expenses accordingly. Owners should keep in mind that costs may be higher in summer months and during holiday periods. The owner must determine which family member has been enabled to work. Care for employment and education must be prorated to compare to earnings. Costs must be "reasonable." |

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| <ul style="list-style-type: none"> Citizenship <p>*(See Chapter 3, Paragraph 3-12)*</p> | | | | | <ul style="list-style-type: none"> Citizens must sign declaration certifying U.S. Citizenship. | <ul style="list-style-type: none"> Owners may require applicants/residents to provide verification of citizenship. |
| <ul style="list-style-type: none"> Current net family assets. <p>*(See Chapter 5, Paragraph 5-7.C)*</p> | <ul style="list-style-type: none"> Verification forms, letters or documents received from financial institutions, stock brokers, real estate agents, employers indicating the current value of the assets and penalties or reasonable costs to be incurred in order to convert nonliquid assets into cash. | <ul style="list-style-type: none"> Passbooks, checking, or savings account statements, certificates of deposit, property appraisals, stock or bond documents, or other financial statements completed by financial institution. Copies of real estate tax statements, if tax authority uses approximate market value. Copies of real estate closing documents that indicate distribution of sales proceeds and settlement costs. | <ul style="list-style-type: none"> Telephone or in-person contact with appropriate source, documented in file by the owner. | <ul style="list-style-type: none"> Quotes from attorneys, stockbrokers, bankers, and real estate agents that verify penalties and reasonable costs incurred to convert asset to cash. | <ul style="list-style-type: none"> Notarized statement or signed affidavit stating cash value of assets or verifying cash held at applicant's home or in safe deposit box. | <ul style="list-style-type: none"> Use current balance in savings accounts and average monthly balance in checking accounts for last 6 months. Use cash value of all assets (the net amount the applicant would receive if the asset were converted to cash). NOTE: This information can usually be obtained simultaneously when verifying income from assets and employment (e.g., value of pension). |

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| | Written ^{b and d} | *Provided by Applicant ^e | Oral ^c | | | |
| <ul style="list-style-type: none"> Disability status. *(Paragraph 3-28.B)* | <ul style="list-style-type: none"> Verification from *appropriate source of information* stating that individual qualifies under the definition of disability. | <ul style="list-style-type: none"> Not appropriate. | <ul style="list-style-type: none"> Telephone or in-person contact with medical professional verifying qualification under the federal disability definition and documentation in the file of the conversation. | <ul style="list-style-type: none"> Not appropriate. | <ul style="list-style-type: none"> Not appropriate. | <ul style="list-style-type: none"> If a person receives Social Security Disability solely due to a drug or alcohol problem, the person is not considered disabled under housing law. A person that does not receive Social Security Disability may still qualify under the definition of a person with disabilities. Owners must not seek to verify information about a person's specific disability other than obtaining a professional's opinion of qualification under the definition of a person with disabilities. |

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| | Written ^{b and d} | *Provided by Applicant ^e | Oral ^c | | | |
| <ul style="list-style-type: none"> Dividend income and savings account interest income. <p>*(See Chapter 5, Paragraph 5-7)*</p> | <ul style="list-style-type: none"> Verification form completed by bank. | <ul style="list-style-type: none"> Copies of current statements, bank passbooks, certificates of deposit, if they show required information (i.e., current rate of interest). Copies of Form 1099 from the financial institution, and verification of projected income for the next 12 months. Broker's quarterly statements showing value of stocks/bonds and earnings credited to the applicant. | <ul style="list-style-type: none"> Telephone or in-person contact with appropriate party, documented in file by the owner. | <ul style="list-style-type: none"> *Provided by Applicant | <ul style="list-style-type: none"> Self-Declaration | <ul style="list-style-type: none"> The owner must obtain enough information to accurately project income over next 12 months. Verify interest rate as well as asset value. |

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| | Third Party ^a | | | Oral ^c | | | |
| | Written ^{b and d} | *Provided by Applicant ^e | | | | | |
| <ul style="list-style-type: none"> • Employment Income including tips, gratuities, overtime. <p>*(See Chapter 5, Paragraph 5-5.A and C and Paragraph 5-6.)*</p> | <ul style="list-style-type: none"> • *EIV Income Report (mandatory)* • Verification form completed by employer. See Paragraph 9-10 for situations when this method of verification must be used prior to verifying through an original or authentic document generated by a third-party source. | <ul style="list-style-type: none"> • W-2 Forms, if applicant has had same employer for at least two years and increases can be accurately projected. • Paycheck stubs or earning statements. | <ul style="list-style-type: none"> • Telephone or in-person contact with employer, specifying amount to be paid per pay period and length of pay period. Document in file by the owner. | | <ul style="list-style-type: none"> • Notarized statements or affidavits signed by applicant that describe amount and source of income. | <ul style="list-style-type: none"> • *It is mandatory that the EIV Income Report be used as third-party verification of employment and income (24 CFR 5.233).* • Always verify: frequency of gross pay (i.e., hourly, biweekly, monthly, bimonthly); anticipated increases in pay and effective dates; overtime. • Require most recent *4-6* consecutive pay stubs; do not use check without stub. • For a fee, additional information can be obtained from The Work Number 800-996-7556; First American Registry 800-999-0350; and Verifax 800-969-5100. Fees are valid project expenses. Information does not replace third-party verification. | |

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| | Third Party ^a | | | *Provided by Applicant | | |
| | Written ^{b and d} | *Provided by Applicant ^e | Oral ^c | | | |
| <ul style="list-style-type: none"> Family composition. <p>*(See Chapter 3, Paragraph 3-27)*</p> | <ul style="list-style-type: none"> None required. | <ul style="list-style-type: none"> None required. | <ul style="list-style-type: none"> None required. | <ul style="list-style-type: none"> Birth certificates Divorce actions Drivers' licenses Employer records Income tax returns Marriage certificates School records Social Security Administration records Social service agency records Support payment records Utility bills Veterans Administration (VA) records | | <ul style="list-style-type: none"> An owner may seek verification only if the owner has clear written policy. |

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| <ul style="list-style-type: none"> Family type. <p>(Information verified only to determine eligibility for project, preferences, and allowances.)</p> <p>*(See Chapter 3, Paragraph 3-28)*</p> | <ul style="list-style-type: none"> Disability Status: statement from physician or other reliable source, if benefits documenting status are not received. See paragraph 3.25 B.1 for restrictions on this form of verification. Displacement Status: Written statement or certificate of displacement by the appropriate governmental authority. | | <ul style="list-style-type: none"> Telephone or in-person contact with source documented in file by the owner. | <ul style="list-style-type: none"> Elderly Status (when there is reasonable doubt that applicant is at least 62): birth certificate, baptismal certificate, social security records, driver's license, census record, official record of birth or other authoritative document or receipt of SSI old age benefits or SS benefits. Disabled, blind: evidence of receipt of SSI or Disability benefits. | <ul style="list-style-type: none"> Elderly Status: Applicant's signature on application is generally sufficient. | <ul style="list-style-type: none"> *When* the applicant receives income or benefits for which elderly or disabled status is a requirement, such status must be verified. Status of disabled family members must be verified for entitlement to \$480 dependent deduction and disability assistance allowance. Owner may not ask the nature/extent of disability. |
| <ul style="list-style-type: none"> Full-time student status (of family member 18 or older, excluding head, spouse, or foster children). <p>*(See Chapter 5, Paragraph 5-6.A.3)*</p> | <ul style="list-style-type: none"> Verification from the Admissions or Registrar's Office or dean, counselor, advisor, etc., or from VA Office. | | <ul style="list-style-type: none"> Telephone or in-person contact with these sources documented in file by the owner. | <ul style="list-style-type: none"> School records, such as paid fee statements that show a sufficient number of credits to be considered a full-time student by the educational institution attended. | <ul style="list-style-type: none"> Not appropriate. | |

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| <ul style="list-style-type: none"> Immigration Status. <p>*(See Chapter 3, Paragraph 3-12)*</p> | <ul style="list-style-type: none"> Verification of eligible immigration status must be received from DHS through the DHS SAVE system or through secondary verification using DHS Form G-845. | | <ul style="list-style-type: none"> None. | <ul style="list-style-type: none"> Applicant/resident must provide appropriate immigration documents to initiate verification. | <ul style="list-style-type: none"> Noncitizens must sign declaration certifying the following: Eligible immigration status; or Decision not to claim eligible status. | <ul style="list-style-type: none"> Owners must require noncitizens requesting assistance to provide verification of eligible immigration status. |
| <ul style="list-style-type: none"> *Immigration Status (SSN) Individuals who do not contend eligible immigration status under the Section 221(d)(3) BMIR, Section 202 PAC, Section 202 PRAC, Section 811 PRAC programs <p>(See Chapter 3, Paragraph 3-9.A)*</p> | | | | | <ul style="list-style-type: none"> *Self-certification that they do not contend eligible immigration status.* | <ul style="list-style-type: none"> *This verification is for exemption of the requirement to disclose and provide verification of a SSN when an individual does not contend eligible immigration status only for the programs listed in the Factor to be Verified column.* |

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| <ul style="list-style-type: none"> Income maintenance payments, benefits, income other than wages (i.e., welfare, Social Security [SS], Supplemental Security Income [SSI], Disability Income, Pensions). <p>*(See Chapter 5, Paragraph 5-6)*</p> | <ul style="list-style-type: none"> * EIV Income Report for Social Security benefits (mandatory) * Award or benefit notification letters prepared and signed by authorizing agency. | <ul style="list-style-type: none"> Current or recent check stubs with date, amount, and check number recorded by the owner. Award *or benefit* letters or computer printout from court or public agency. Most recent quarterly pension account statement. | <ul style="list-style-type: none"> Telephone or in-person contact with income source, documented in file by the owner. NOTE: For all oral verification, file documentation must include facts, time and date of contact, and name and title of third party. | <ul style="list-style-type: none"> Copies of validated bank deposit slips or bank statements, with identification by bank. | <ul style="list-style-type: none"> Notarized statement of income received other than wages. | <ul style="list-style-type: none"> *It is mandatory that the EIV Income Report be used as third-party verification of the Social Security benefit income received (24 CFR 5.233).* Checks or automatic bank deposit slips may not provide gross amounts of benefits if applicant has deductions made for Medicare Insurance. Pay stubs for the most recent four to six weeks should be obtained. Copying of U.S. Treasury checks is not permitted. Award letters/printouts from court or public agency may be out of date; telephone verification of letter/printout is recommended. |

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^d**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.*

^e**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

Appendix 3: Acceptable Forms of Verification

| Factor to be Verified | ACCEPTABLE SOURCES | | | | *Provided by Applicant | Self-Declaration | Verification Tips |
|---|--|---|---|--|---|---|-------------------|
| | Third Party ^a | | | Oral ^c | | | |
| | Written ^{b and d} | *Provided by Applicant ^e | | | | | |
| <ul style="list-style-type: none"> Interest from sale of real property (e.g., contract for deed, installment sales contract, etc.) <p>*(See chapter 5, Paragraph 5-7.G.7)*</p> | <ul style="list-style-type: none"> Verification form completed by an accountant, attorney, real estate broker, the buyer, or a financial institution which has copies of the amortization schedule from which interest income for the next 12 months can be obtained. | <ul style="list-style-type: none"> Copy of the contract. | <ul style="list-style-type: none"> Telephone or in-person contact with appropriate party, documented in file by the owner. | <ul style="list-style-type: none"> Copy of the amortization schedule, with sufficient information for the owner to determine the amount of interest to be earned during the next 12 months. NOTE: Copy of a check paid by the buyer to the applicant is not acceptable. | <ul style="list-style-type: none"> Notarized statement of interest from sale of real property. | <ul style="list-style-type: none"> Only the interest income is counted; the balance of the payment applied to the principal is merely a liquidation of the asset. The owner must get enough information to compute the actual interest income for the next 12 months. | |

^a**NOTE:** Requests for verification from *a third party source* must be accompanied by a Consent to Release form *HUD-9887-A*.

^b**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

^c**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

^d**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.*

^e**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

Appendix 3: Acceptable Forms of Verification

| Factor to be Verified | ACCEPTABLE SOURCES | | | | | Verification Tips |
|--|---|--|---|--|--|---|
| | Third Party ^a | | | *Provided by Applicant | Self-Declaration | |
| | Written ^{b and d} | *Provided by Applicant ^e | Oral ^c | | | |
| <ul style="list-style-type: none"> Medical expenses. <p>*(See Chapter 5, Paragraph 5-10.D)*</p> | <ul style="list-style-type: none"> Verification by a doctor, hospital or clinic, dentist, pharmacist, etc., of estimated medical costs to be incurred or regular payments expected to be made on outstanding bills which are not covered by insurance. | <ul style="list-style-type: none"> Copies of income tax forms (Schedule A, IRS Form 1040) that itemize medical expenses, when the expenses are not expected to change over the next 12 months. Receipts, or pay stubs, which indicate health insurance premium costs, or payments to a resident attendant. Receipts or ticket stubs that verify transportation expenses directly related to medical expenses. | <ul style="list-style-type: none"> Telephone or in-person contact with these sources, documented in file by the owner. | <ul style="list-style-type: none"> Copies of cancelled checks that verify payments on outstanding medical bills that will continue for all or part of the next 12 months. Cancelled checks which indicate health insurance premium costs, or payments to a resident attendant. | <ul style="list-style-type: none"> Notarized statement or signed affidavit of transportation expenses directly related to medical treatment, if there is no other source of verification. | <ul style="list-style-type: none"> Medical expenses are not allowable as deduction unless applicant is an elderly or disabled family. Status must be verified. |
| <ul style="list-style-type: none"> Need for an assistive animal. <p>*(See Chapter 3, Paragraph 3-29)*</p> | <ul style="list-style-type: none"> Letter from *appropriate third party unless the need is readily apparent or already known*. | | | | | <ul style="list-style-type: none"> If the owner's policy is to verify this need, owner must implement policy consistently. |

^a**NOTE:** Requests for verification from *a third party source* must be accompanied by a Consent to Release form *HUD-9887-A*.

^b**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

^c**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

^d**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.*

^e**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

Appendix 3: Acceptable Forms of Verification

| Factor to be Verified | ACCEPTABLE SOURCES | | | | | Verification Tips |
|--|---|---|---|---|--|---|
| | Third Party ^a | | | *Provided by Applicant | Self-Declaration | |
| | Written ^{b and d} | *Provided by Applicant ^e | Oral ^c | | | |
| <ul style="list-style-type: none"> Net Income for a business <p>*(See Chapter 5, Paragraph 5-6.H).*</p> | <ul style="list-style-type: none"> Not applicable. | <ul style="list-style-type: none"> Form 1040 with Schedule C, E, or F. Financial Statement(s) of the business (audited or unaudited) including an accountant's calculation of straight-line depreciation expense if accelerated depreciation was used on the tax return or financial statement. For rental property, copies of recent rent checks, lease and receipts for expenses, or IRS Schedule E. | <ul style="list-style-type: none"> Not applicable. | <ul style="list-style-type: none"> Any loan application listing income derived from business during the preceding 12 months. | <ul style="list-style-type: none"> Notarized statement showing net income for a business. | |
| <ul style="list-style-type: none"> Recurring contributions and gifts. <p>*(See Chapter 5, Paragraph 5-6.G)*</p> | <ul style="list-style-type: none"> Notarized statement or affidavit signed by the person providing the assistance giving the purpose, dates, and value of gifts. | <ul style="list-style-type: none"> Not applicable. | <ul style="list-style-type: none"> Telephone or in-person contact with source documented in file by the owner. | <ul style="list-style-type: none"> Not applicable. | <ul style="list-style-type: none"> Notarized statement or affidavit signed by applicant stating purpose, dates, and value of gifts. | <ul style="list-style-type: none"> Sporadic contributions and gifts are not counted as income. |

^a**NOTE:** Requests for verification from *a third party source* must be accompanied by a Consent to Release form *HUD-9887-A*.

^b**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

^c**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

^d**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.*

^e**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

Appendix 3: Acceptable Forms of Verification

| Factor to be Verified | ACCEPTABLE SOURCES | | | | | Verification Tips |
|--|---|--|---|------------------------|--|-------------------|
| | Third Party ^a | | | *Provided by Applicant | Self-Declaration | |
| | Written ^{b and d} | *Provided by Applicant ^e | Oral ^c | | | |
| <ul style="list-style-type: none"> Self-employment, tips, gratuities, etc. <p>*(See Paragraph 5-5.C and Paragraph 5-6.H)*</p> | <ul style="list-style-type: none"> None available. | <ul style="list-style-type: none"> Form 1040/1040A showing amount earned and employment period. | <ul style="list-style-type: none"> None available. | | <ul style="list-style-type: none"> Notarized statement or affidavit signed by applicant showing amount earned and pay period. | |

^a**NOTE:** Requests for verification from *a third party source* must be accompanied by a Consent to Release form *HUD-9887-A*.

^b**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

^c**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

^d**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.*

^e**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

Appendix 3: Acceptable Forms of Verification

| Factor to be Verified | ACCEPTABLE SOURCES | | | | Verification Tips | |
|--|--|-------------------------------------|---|---|---|---|
| | Third Party ^a | | | *Provided by Applicant | | |
| | Written ^{b and d} | *Provided by Applicant ^e | Oral ^c | | | |
| <ul style="list-style-type: none"> Social security number. <p>*(See Chapter 3, Paragraph 3-31)*</p> | <ul style="list-style-type: none"> None required. | | <ul style="list-style-type: none"> None Required | <ul style="list-style-type: none"> Original Social Security card *Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual* Driver's license with SSN Identification card issued by a medical insurance provider, or by an employer or trade union. Earnings statements on payroll stubs Bank statement Form 1099 Benefit award letter Retirement benefit letter Life insurance policy Court records | <ul style="list-style-type: none"> N/A | <ul style="list-style-type: none"> Individuals who have applied for legalization under the Immigration Reform and Control Act of 1986 will be able to disclose their social security numbers but unable to supply cards for documentation. Social security numbers are assigned to these persons when they apply for amnesty. The cards go to DHS until the persons are granted temporary lawful resident status. Until that time, their acceptable documentation is a letter from the DHS indicating that social security numbers have been assigned. |

^a**NOTE:** Requests for verification from *a third party source* must be accompanied by a Consent to Release form *HUD-9887-A*.

^b**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

^c**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

^d**NOTE:** For use of EIV Income Reports as third party verification of employment and income a current Consent for Release form HUD-9887 must be on file.*

^e**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

Appendix 3: Acceptable Forms of Verification

| Factor to be Verified | ACCEPTABLE SOURCES | | | | | Verification Tips |
|--|---|-------------------------------------|--|--|---|---|
| | Third Party ^a | | | *Provided by Applicant | Self-Declaration | |
| | Written ^{b and d} | *Provided by Applicant ^e | Oral ^c | | | |
| <ul style="list-style-type: none"> *Student Status (Section 8 only) <p>(See Chapter 3, Paragraphs 3-13.A and 3-33.A)*</p> | <ul style="list-style-type: none"> *Enrolled full-time and/or part-time at an institution of higher education Verification of independence from parents Financial assistance received* | | | | <ul style="list-style-type: none"> *Signed declaration and certification of income from parents Certification of income provided by parent or from persons not living in the unit with the student* | <ul style="list-style-type: none"> *May also need to verify age; dependent children; marital status; tuition; veteran status and /or disability status.* |
| <ul style="list-style-type: none"> *Student status (Section 221(d)(3) BMIR, Section 202 PAC, Section 202 PRAC and Section 811 PRAC) <p>See Chapter 3, Paragraph 3-13.B and 3-33.B)*</p> | <ul style="list-style-type: none"> *Enrolled full-time and/or part-time at an institution of higher education Verification of independence from parents Financial assistance received* | | | | <ul style="list-style-type: none"> *Certification of income provided by parent or from persons not living in the unit with the student* | |
| <ul style="list-style-type: none"> Unborn children. | <ul style="list-style-type: none"> None required. | | <ul style="list-style-type: none"> None required. | <ul style="list-style-type: none"> None required. | <ul style="list-style-type: none"> Applicant/tenant self-certifies to pregnancy. | <ul style="list-style-type: none"> Owner may not verify further than self-certification. |

^a**NOTE:** Requests for verification from *a third party source* must be accompanied by a Consent to Release form *HUD-9887-A*.

^b**NOTE:** If the original document is witnessed but is a document that should not be copied, the owner should record the type of document, any control or serial numbers, and the issuer. The owner should also initial and date this notation in the file.

^c**NOTE:** For all oral verification, file documentation must include facts, time and date of contact, and name and title of the third party.

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Appendix 3: Acceptable Forms of Verification

| Factor to be Verified | ACCEPTABLE SOURCES | | | | Verification Tips | |
|--|--|---|--|------------------------|--|--|
| | Third Party ^a | | | *Provided by Applicant | | |
| | Written ^{b and d} | *Provided by Applicant ^e | Oral ^c | | | |
| <ul style="list-style-type: none"> Unemployment compensation. <p>*(See Chapter 5, Paragraphs 5-5.A, 5-6.J and Q)*</p> | <ul style="list-style-type: none"> *EIV Income Report (mandatory) * Verification form completed by source. | <ul style="list-style-type: none"> Copies of checks or records from agency provided by applicant stating payment amounts and dates. Benefit notification letter signed by authorizing agency. | <ul style="list-style-type: none"> Telephone or in-person contact with agency documented in a file by an owner. | | <ul style="list-style-type: none"> Notarized statement of unemployment compensation received. | <ul style="list-style-type: none"> *It is mandatory that the EIV Income Report be used as third-party verification of employment and income (24 CFR 5.233).* Frequency of payments and expected length of benefit term must be verified. Income not expected to last full 12 months must be calculated based on 12 months and interim recertification completed when benefits stop. |

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^e**NOTE:** See examples and requirements found in Paragraph 5-13.B.1

Appendix 3: Acceptable Forms of Verification

| Factor to be Verified | ACCEPTABLE SOURCES | | | | | Verification Tips |
|---|--|---|---|---|---|--|
| | Third Party ^a | | | *Provided by Applicant | Self-Declaration | |
| | Written ^{b and d} | *Provided by Applicant ^e | Oral ^c | | | |
| <ul style="list-style-type: none"> Welfare payments (as-paid states only). <p>*(See Chapter 5, Paragraph 5-6.K)*</p> | <ul style="list-style-type: none"> Verification form completed by welfare department indicating maximum amount family may receive. Maximum shelter schedule by household size with ratable reduction schedule. | | <ul style="list-style-type: none"> Telephone or in-person contact with income source, documented in file by the owner. | <ul style="list-style-type: none"> Maximum shelter allowance schedule with ratable reduction schedule provided by applicant. | <ul style="list-style-type: none"> Notarized statement of welfare payments received. | <ul style="list-style-type: none"> Actual welfare benefit amount not sufficient as proof of income in "as-paid" states or localities since income is defined as maximum shelter amount. |
| <ul style="list-style-type: none"> Zero Income. <p>*(See Chapter 9, Paragraph 9-11.D)*</p> | <ul style="list-style-type: none"> Not applicable. | <ul style="list-style-type: none"> Not applicable. | <ul style="list-style-type: none"> Not applicable. | <ul style="list-style-type: none"> Not applicable. | <ul style="list-style-type: none"> Applicant/Tenant self-certifies to zero income. | <ul style="list-style-type: none"> Owners may require applicant/tenant to sign verification release of information forms for state, local, and federal benefits programs, as well as the HUD 9887 and HUD 9887-A. Owners may require the tenant to reverify zero income status at least every 90 days. |

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