



HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT

CALCULATING HOUSEHOLD INCOME

**GUIDEBOOK AND PROCEDURES MANUAL
FOR
HOMEBUYER, RENTAL, AND HOMEOWNER
REHABILITATION PROGRAMS**



INTRODUCTION

When the HOME Final Rule went into effect in October 16, 1996, participating jurisdictions (PJs) were given the flexibility to choose one of three definitions for determining annual income. Harris County Community Services Department (HCCSD), acting as a participating jurisdiction, has adopted the Section 8 Part 5 Definition of calculating income for the purposes of determining income eligibility for Affordable Housing Homebuyer, Rental Programs, and Homeowner Housing Rehabilitation Programs. This requirement is passed on to all sub-recipients, Community Housing Development Organizations, and any other entity that receives federal and/or local funds for affordable housing programs through HCCSD.

The primary goal of the housing programs funded with HCCSD grant funds is to increase and maintain the amount of affordable housing in Harris County.

HCCSD requires the utilization of this guidebook by entities that receive federal and/or local funds allocated through HCCSD for affordable housing. This is to be used as a reference tool when calculating applicant income eligibility for any and all recipients of federal/local assistance.

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ACRONYMS

CDBG	Community Development Block Grant
CHDO	Community Housing Development Organization
HCCSD	Harris County Community Services Department
HOME	HOME Investment Partnerships Program
HUD	United States Department of Housing and Urban Development
PM	Program/Property Manager
PJ	Participating Jurisdiction
VOD	Verification of Deposit
VOE	Verification of Employment

DEFINITIONS

Anticipated Annual Gross Income

The total gross income of a household that is anticipated to be received in the future twelve (12) months from the date of application for homebuyer activities and from the date of certification of income for rental activities.

Applicant/Recipient

A low-income, very low-income, and extremely low-income person that is seeking federal assistance, whether directly or indirectly, from HCCSD. As defined by the Final Rule 24 CFR Part 92: 1) A low-income person is one whose annual income does not exceed eighty (80) percent of the median income for the area, as determined by HUD; 2) A very low-income person is one whose annual income does not exceed fifty (50) percent of the median family income for the area, as determined by HUD.; 3) An extremely low-income person is one whose annual income does not exceed thirty (30) percent of the median family income for the area, as determined by HUD

Net Value (of an Asset)

The value of an asset (as defined by this guidebook for the purposes of Section 8, Part 5 Definition) minus any withdrawal penalties, fees, or other customary deductions for that particular asset.

Program/Property Manager (PM)

The for- or non-profit entity that is responsible in handling the day-to-day operations of administering a housing program in compliance with the applicable HOME, CDBG, or local regulations.

Subrecipient

A for- or non-profit entity that enters into a legally binding agreement with HCCSD to administer, allocate, or utilize federal funds for the purposes of promoting or creating affordable housing. This entity may or may not administer the program, but may pass this requirement onto a PM.

When projecting an applicant's income for the purposes of determining eligibility for assistance, the household's **anticipated gross annual income** is to be calculated. This income should be projected for the upcoming 12 month period and include all sources of income unless otherwise excluded per HUD regulations.

DETERMINING HOUSEHOLD SIZE

Income limits are adjusted for household size, so the first step in determining eligibility is to determine the size of the household. The household size is comprised of individuals who permanently reside in the house or rental unit.

The following should not be included in household size per HUD-1790-CPD "*Technical Guide for Determining Income and Allowances for the HOME Program*":

- Foster Children
- Live-in Aides
- Unborn Children
- Children being pursued for legal custody or adoption who are not currently living in the household

A child who is subject to a shared-custody agreement in which the child resides with the household at least 50 percent of the time can be counted.

TYPES OF INCOME TO COUNT

HUD provides a detailed description of inclusions and exclusions that should be followed when calculating income. It is also important to recognize every possible source of income for each household in consideration of the application. The procedures in this guidebook provide the general method on *how* to calculate the income, not what to count and whose income to count. For more information on the Inclusions/Exclusions using the Part 5 Definition please refer to Appendix A or HUD at <http://www.hud.gov/offices/cpd/affordablehousing/library/modelguides/2005/1780.pdf>.

CALCULATING ANNUAL INCOME:
AFFORDABLE HOUSING HOMEBUYER, RENTAL PROGRAMS,
AND HOMEOWNER REHABILITATION PROGRAM
AS DEFINED IN 24 CFR PART 5

STANDARD WAGES

Paycheck stubs are the most common form of documentation that should be reviewed to indicate the income of a person. In order to more accurately determine the applicant's income, **most recent consecutive paycheck stubs for a two (2) month period** or a Verification of Employment should be utilized when using Part 5. Individuals may be paid weekly, bi-weekly, monthly, or bi-monthly. This must be taken into consideration when determining the income. Multiply the rate of pay by the amount of hours worked in the pay period, which is multiplied by the amount of pay periods in a twelve-month period.

Pay periods in a year (12-month period):

Weekly	52 periods	Bi-monthly	24 periods
Bi-weekly	26 periods	Monthly	12 periods

Documentation varies with the source of income for a **two (2) month period**:

- For earned income, **two (2)** consecutive pay stubs (PS) are needed if pay is monthly
- For earned income, **four (4)** consecutive PS are needed if pay is Bi-monthly or Bi-weekly.
- For earned income, **eight (8)** consecutive PS are needed if pay is weekly.

Example:

Mr. Smith gets paid \$9.50 an hour and works a full-time position of 40 hours a week. He gets paid weekly.

$$\$9.50/wk \times 40 \text{ hrs/wk} \times 52 \text{ pay periods/yr} = \underline{\$19,760.00 \text{ Anticipated Income From Wages}}$$

Ms. Jackson gets paid \$8.50 an hour and works a full-time position of 40 hours a week. She gets paid bi-weekly.

$$\$8.50/wk \times 80 \text{ hrs/wk} \times 26 \text{ pay periods/yr} = \underline{\$17,680.00 \text{ Anticipated Income From Wages}}$$

If a person works part-time and he/she does not have a set amount of hours worked each week, an average of the standard hours worked in the most recent two-month period should be taken and projected out over 12 months. If a person is a contract laborer or does not get paid through a payroll system, a letter from his/her employer is required indicating the rate of pay, amount of hours worked per pay period, and number of periods per year the applicant is paid. ***This information must be obtained by the PM; not by the applicant.***

OVERTIME

Overtime pay should always be included in household income. It should be calculated by taking the average of the overtime hours worked in the most recent payroll periods and projected out 12 months. It is important that if there is no overtime income to be calculated in any given period, that this is properly indicated.

Example:

Mr. Smith gets paid \$9.50/hr., works 40 hours a week, and gets paid bi-weekly. He also works overtime at a pay rate of \$14.25. Two (2) months of PS indicate the following overtime hours worked:

PS 1: 8.5 hrs. PS 2: 0 hrs. PS 3: 4.5 hrs. PS 4: 1.2 hrs..

$$(8.50 + 0 + 4.5 + 1.2 = 14.2 / 4 \text{ pay periods} = 3.55 \text{ hrs. / pay period})$$

$$\$14.25 \times 3.55 \text{ hrs.} \times 26 \text{ pay periods/yr.} = \underline{\$1,315.28 \text{ Anticipated Overtime From Wages}}$$

Ms. Jackson receives \$8.50/hr. an hour, works 40 hours a week, and gets paid bi-monthly. She also works overtime at a pay rate of \$12.75. Two (2) months of PS indicate the following overtime hours worked:

PS 1: 8.5 hrs. PS 2: 3.0 hrs. PS 3: 4.5 hrs. PS 4: 1.2 hrs.

$$(8.50 + 3.0 + 4.5 + 1.2 = 17.2 / 4 \text{ pay periods} = 4.3 \text{ hrs. / pay period})$$

$$\$12.75 \times 4.3 \text{ hrs.} \times 24 \text{ pay periods/yr.} = \underline{\$1,315.80 \text{ Anticipated Overtime From Wages}}$$

EMPLOYER VERIFICATIONS

Third-party verifications of employment can be used to verify income in lieu of acquiring PS. This method also allows the employer to indicate payroll increases and bonuses, which are also considered income, that may not appear on payroll statements. These verifications should never enter the hands of the applicant, but should come directly from the organization employing the applicant. The PM shall obtain an Eligibility Release Form for each applicant in order to allow the employer to release the requested information.

If there are discrepancies indicated on the VOE or between the VOE and payroll statements, the PM should take steps to contact the employer and get clarification on the pending issues. This inquiry should be noted and placed in the file for further reference during monitoring visits. When this information is verified by the PM over the telephone, the person taking the information must document the information received, date and time of the telephone call, person providing the information's name and position, and contact information. This documentation will be recorded on the Record of Third Party Oral Verification Form.

ASSETS



The Section 8 Part 5 Definition requires that assets and income from assets be calculated in an applicant's annual gross income. The procedures in this guidebook provide the general method on *how* to calculate asset income; for more information on this criteria refer to the Part 5 Definition provided by HUD's website:

<http://www.hud.gov/offices/cpd/affordablehousing/library/modelguides/2005/1780.pdf>

The following Part 5 Annual Income Net Family Asset Inclusions and Exclusions are from HUD-1790-CPD "Technical Guide for Determining Income and Allowances for the HOME Program":

Inclusions

- | | |
|--|--|
| <ol style="list-style-type: none">1. Cash held in savings accounts, checking Accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance.2. Cash value of revocable trusts available to the applicant.3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset.4. Cash value of stocks, bonds, Treasury bills, certificates of deposit, and money market | <ol style="list-style-type: none">5. accounts.6. Individual retirement and Keogh accounts (even if withdrawal results in a penalty).7. Retirement and pension funds.8. Cash value of life insurance policies available to the individual before death (e.g. surrender value of a whole life or universal life policy).9. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.10. Mortgages or deeds of trust held by an applicant. |
|--|--|

Exclusions

- | | |
|--|---|
| <ol style="list-style-type: none">1. Necessary personal property, except as noted in number 8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.2. Interest in Indian trust lands.3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on | <ol style="list-style-type: none">4. income generated by the asset. |
|--|---|

4. Equity in cooperatives in which the family lives.
5. Assets not accessible to and that provide no income for the applicant.
6. Term life insurance policies (i.e., where there is no cash value).
7. Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation.
8. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.

Checking Accounts

To calculate the value amount of assets in a checking account, two (2) most recent **consecutive** bank accounts statements are required. An average of these balances must be taken, which is counted as the amount of liquid assets for that particular account. The period of two (2) months represented must be within two (2) months from the date that the applicant is being certified for eligibility.

Example: Angelina applied for down payment assistance on February 15, 2012. The bank statements should for the period of December 2011– January 2012

Savings Accounts

To calculate the amount of assets in a savings account, the most recent savings account statement should be provided, and this balance is used as the value amount of assets for each savings account held by the applicant. The bank statement must be dated within two (2) months from the date that the applicant is being certified for eligibility. If savings account statement is provided quarterly, the most recent statement is required.

If there is more than one (1) checking/savings account, the same must be done for each additional account.

It is important to review each bank statement individually to determine if there is any additional income that the applicant has not previously disclosed. All deposits and credits should be reviewed entirely to ensure that all sources of income have been accounted for. If there are consistent deposits/credits indicated on the statement beyond the payroll, meaning an occurrence of more than twice, a notarized statement from the applicant should be provided to explain the circumstances of the income. If applicable, backup documentation may be required.

Retirement Accounts

Regardless of what type of program, retirement accounts are considered an asset and must be included in the calculation of anticipated gross income. The entire value of the account in addition to accrued interest should be used minus any withdrawal penalties.

If the household net assets value in excess of \$5,000.00, then the annual income shall include the greater of two (2): the actual income derived from all household net assets or the percentage of the value of such assets based on the current passbook savings rate (0.06%). *If there are any questions on the calculation of income or treatment of assets, it is highly recommended that the PM contact HCCSD for further guidance.*

CHILD SUPPORT

Child support is included as a source of household income when utilizing Part 5. Instances where the applicant states they are not receiving any child support must be verified through documentation and not the sole word of the applicant. Unless the client can prove that they have taken all steps in recovering the entitled child support, the official amount awarded must be used in the calculation of household income regardless of whether or not it is actually received by the household.

There are two online systems that can be checked for child support payment history and used for verification: (*Note: Both of these systems require sensitive information, so it is important to get authorization from the applicant and inform them of your intentions. Harris County in no way encourages that any PM solicit private information about any applicant without the consent and approval of that client.*)

Texas Attorney General (TAG) Website

(<https://childsupport.oag.state.tx.us/index.htm?ENGLISH=English>)

This will only work if the information is correct and if the applicant has filed for child support through this system. This system requires that the file processor must provide date of birth and social security information on the applicant in order to retrieve this information. You will not be entitled to the information upfront, but the TAG will mail the document to the applicant if requested. We highly recommend informing the applicant that you will be doing this before you proceed.

Harris County Child Support System

(<http://apps.jims.hctx.net/childsupport/>)

Local system maintained by Harris County. In order to extract information from this system, you must use the “cause number” found on the divorce decree or court order of the applicant.

An official printout of the history from any child support system will suffice in order to document the applicant’s file in regard to minor children. If the applicant states that he or she does not receive any child support, then a history indicating no payments of child support must be provided

If you are unsure of the situation and the proper action that is required, you are encouraged to contact HCCSD for further guidance.

REQUIRED DOCUMENTATION

It is important to thoroughly review the proper documentation when determining if an applicant is eligible to participate in a federally assisted project. All documentation should be placed in the applicant’s file for review by HCCSD and/or HUD. The amount of supporting documentation required for each file depends on the type of activity that the project entails. There are two types of activities: Homebuyer and Rental.

Homebuying and Homeowner Activities

Activities Included: Down Payment and Closing Cost Assistance and Home Rehabilitation. The homebuyer/homeowner shall receive direct financial assistance, and it is important to review the following documentation when calculating income:

- Consecutive paycheck stubs for the required number of months indicating rate of pay, regular hours worked, overtime hours worked, etc. (PM may utilize VOE in lieu of PS)

- VOE obtained directly from the employer and completely filled out.
- If self-employed, previous three (3) years of tax returns.
- Two (2) months of full consecutive bank statements for all checking/savings accounts or Verification of Deposit (VOD)
 - o Checking Accounts: Calculate 2-month average as value of asset.
 - o Saving Accounts: Use current balance as value of asset.
- Child support documentation
 - o Court Order
 - o Divorce Decree
- Unemployment benefits statement
- Social Security benefits statement
- Veterans Affairs (VA) benefits statement
- Military benefits statement
- Welfare benefits, TANF (Temporary Assistance for Needy Families) statement
- Official student enrollment status statement and transcript
- Any other documents that verify other sources of income

Required HCCSD Forms:

The Total Household Income Worksheet along with Asset Income Worksheet must be completed to indicate all sources of income including asset income. All documentation including actual calculations should be placed in the homebuyer's file for future reference by HCCSD and/or HUD.

Rental Housing Activities

Since the tenant is not receiving direct financial assistance provided by HCCSD, the amount of documentation is reduced slightly.

The following materials should be used when calculating income:

- Most recent consecutive paycheck stubs for a two (2) month period indicating rate of pay, regular hours worked, overtime hours worked, etc. (PM may utilize VOE in lieu of pay stubs)
- VOE obtained directly from the employer and completely filled out.
- If self-employed, previous three (3) years of tax returns
- Two (2) months of full consecutive bank statements for all checking/savings accounts or Verification of Deposit (VOD)
 - o Checking Accounts: Calculate 2-month average as value of asset.
 - o Savings Accounts: Use current balance as value of the asset
- Child support documentation
 - o Court Order
 - o Divorce Decree
- Unemployment benefits statement
- Social Security benefits statement
- Veterans Affairs (VA) benefits statement
- Military benefits statement
- Welfare benefits, TANF (Temporary Assistance for Needy Families) statement
- Official student enrollment status statement and transcript
- Residency Documentation, including by not limited to: passport, permanent resident alien card
- Any other documents that verify other sources of income

Required HCCSD Forms:

For the Rental Housing Program, the Tenant Income Certification (TIC) must be completed to indicate all sources of income including asset income. All documentation including actual calculations should be placed in the tenant's file for future reference by HCCSD and/or HUD.

TIMING OF INCOME CERTIFICATIONS

- Homeowner Rehabilitation Programs- If using CDBG funds or HOME funds and more than 12 months or six (6) months, respectively, passes and the Notice to Proceed has not been issued on an activity, the re-certification must be completed to determine the household's eligibility.
- Rental – If more than six (6) month passes before a tenant executes a lease in an assisted unit, a re-certification must be completed to determine the household's eligibility. Recertification of a household's income is required every twelve (12) months during the applicable affordability period. The eligibility certification process should begin 120 days prior to the anniversary date of the applicant's initial certification of income.

The PM has several choices to make in regard to recertification methods. When the PM chooses to recertify the household by their individual recertification date, this must be completed by the first day of the anniversary of the month the household first occupied the unit. For example, a family moves into a unit on January 15, the anniversary date is January 1.

The PM may decide to recertify all assisted unit households on the same anniversary date. For example, a property with HOME-assisted units completes all re-certifications on October 1 every year. If the PM chooses to use a unified anniversary date for all re-certifications, the PM must notify HCCSD prior to initiating this method.

The PM must either recertify households with full source documentation or adopt the Self-Certification. When Self-Certification method is chosen, it will apply to all households. A Self-Certification form is in Appendix E. This method will be used for five years. For the sixth year, full source documentation of all assisted-units will be required. If Self-Certification method is chosen, the PM must notify HCCSD that prior to initiating this method

It is important that all required documentation is filed appropriately in each applicant file.

If you are unsure of the situation and the proper documentation that is required, you are encouraged to contact HCCSD for further guidance.

Frequently Asked Questions

1. What if I encounter a situation that is not detailed in the manual or HUD references?

HCCSD realizes that the guidebook is not inclusive to all scenarios and situations. If you have any questions regarding an applicant or particular case, please contact your designated Project Monitor for assistance.

2. I have a low-income family whose head of household is a non-documented alien. The household is applying for a HOME-assisted unit on my property. Can I extend assistance to this family?

Yes, Citizenship or Permanent Resident Alien status documentation is required for down payment assistance, rehabilitation, and reconstruction activities. This documentation is not required for rental activities or the Lead Hazard Control Program.

3. When using the Part 5 income calculations, what is considered a full-time student?

Full-time student status is not limited to the traditional university and college institutions. A full-time student can be enrolled in technical or trades school and still qualify as a student as long as the proper documentation is provided. The status of full-time is dependent on what the individual institution considers full-time. If a traditional educational institution is attended, a copy of the class registration (transcript) is required. If the institution is a non-traditional institution, then a letter from the registrar or student office should be obtained officially addressing the student's enrollment status.

4. When using the Part 5 income calculations, what if the applicant states that he or she receives child support without any formal system? How do I document this?

A Verification of Child Support Payments should be completed, and the bank accounts should be checked for accuracy of payment.

5. When using the Part 5 income calculations, what if the applicant states that he or she does not receive child support, but has a court order for such? Do I count this towards the household income?

Unless the applicant can provide TAG documentation supporting a different amount, the child support awarded must be counted. Supporting documentation can be an official printout from a child support system authority or an official statement from a child support system indicating that although all proper actions have been taken, child support has not been able to be received.

6. I have tried several times to obtain third-party verification via mail, fax, and phone and still not had any success in obtaining the required information. What do I do now?

HCCSD realizes that not all employers are willing to cooperate with the requirements of the affordable housing programs. It is important to document all attempts and results for review by monitoring staff during visits. If you have exhausted all attempts to obtain third-party documentation, you are encouraged to contact HCCSD for further guidance.

7. When using the Part 5 income calculations, how do I factor in one-time bonus payments for employees?

One-time bonuses should be factored into the household income if it is a reoccurring bonus that is anticipated to be received in the next 12 months. A signing bonus for moving purposes or contract execution should not be counted because it is a true “one-time” bonus. However, an annual one-time bonus for an employee should be included in the applicant’s annual income.

8. Do I need to be concerned with pay differentials and special pay increments?

Yes, it is important to include ALL sources of income, including if the applicant receives a special pay due to working an overnight or special shift. You must figure this extra pay into your average calculations and project forward for 12 months.

It is acknowledged that one (1) source of reference material cannot address all situations. It is important that if you encounter a situation where you are unsure of the process, you contact HCCSD for further guidance.

APPENDICES

The following documentation is provided as reference material for guidance. While HCCSD does not require that all of these forms be utilized to document income eligibility, we require that the exact information be captured in a central and easily accessible form.

Appendix A: Types of Income to Count - An excerpt extracted from HUD's website, for more information please refer to:
<http://www.hud.gov/offices/cpd/affordablehousing/library/modelguides/2005/1780.pdf>.

Appendix B: Tenant Income Certification – Required only for rental housing activities.

Appendix C: HOME Household Income Limits

Appendix D: Verification Forms

- Eligibility Release Form
- Verification of Employment
- Verification of Assets on Deposit
- Non-Income Affidavit (Part A)
- Non-Income Affidavit – Statement of Sole Support (Part B)
- Verification of Social Security Benefits
- Verification of Alimony / Separation Payments
- Verification of Business Income
- Verification of Income from Military Service
- Verification of Veterans Administration Benefits
- Verification of Pension and Annuities
- Verification of Recurring Cash Contributions
- Verification of Public Assistance Income
- Verification of Unemployment Benefits
- Verification of Child Support Payments
- Record of Third Party Oral Verification
- Recertification of Annual Income by Tenant Family

Appendix E: Other Required Forms

- Affidavit of Citizenship

APPENDIX A - TYPES OF INCOME TO COUNT

(<http://www.hud.gov/offices/cpd/affordablehousing/library/modelguides/2005/1780.pdf>)

At its most basic level, the Part 5 definition of annual income is made up of the types of household income that are:

- ▶ included in the definition ("inclusions"), and
- ▶ excluded from the definition ("exclusions").

A list of the Part 5 income "inclusions" and "exclusions" is published in the Code of Federal Regulations at 24 CFR 5.609. This list is periodically updated by HUD when changes are made to the Part 5 definition of annual income by the United States Congress.

Located below are easy-to-read tables showing the Part 5 income inclusions and exclusions published at 24 CFR 5.609 on April 1, 1998.

Part 5 Inclusions

This table presents the Part 5 income inclusions as stated in the Code of Federal Regulations.

General Category	Statement from 24 CFR 5.609 paragraph (b) (April 1, 1998)
1. Income from wages, salaries, tips, etc.	The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
2. Business Income	Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness cannot be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.
3. Interest & Dividend Income	Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
4. Retirement & Insurance Income	The full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic payment (except as provided in number 14 of Income Exclusions).
5. Unemployment & Disability Income	Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in number 3 of Income Exclusions).
6. Welfare Assistance	Welfare Assistance. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of: the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph is the amount resulting from one application of the percentage.
7. Alimony, Child Support, & Gift Income	Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.
8. Armed Forces Income	All regular pay, special day and allowances of a member of the Armed Forces (except as provided in number 7 of Income Exclusions).

Part 5 exclusions



This table presents the Part 5 income exclusions as stated in the Code of Federal Regulations.

General Category	Statement from 24 CFR 5.609 paragraph (c) (April 1, 1998)
1. Income of Children	Income from employment of children (including foster children) under the age of 18 years.
2. Foster Care Payments	Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).
3. Inheritance and Insurance Income	Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in number 5 of Income Inclusions).
4. Medical Expense Reimbursements	Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
5. Income of Live-in Aides	Income of a live-in aide (as defined in 24 CFR5.403).
6. Student Financial Aid	The full amount of student financial assistance paid directly to the student or to the educational institution.
7. "Hostile Fire" Pay	The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
8. Self-Sufficiency Program Income	<ul style="list-style-type: none"> a. Amounts received under training programs funded by HUD. b. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS). c. Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and that are made solely to allow participation in a specific program. d. Amounts received under a resident service stipend (as defined in 24 CFR 5.609(c)(8)(iv)). e. Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment-training program.
9. Gifts	Temporary, nonrecurring, or sporadic income (including gifts).
10. Reparation Payments	Reparation payments paid by a foreign government pursuant to claims under the laws of that government by persons who were persecuted during the Nazi era.
11. Income from Full-time Students	Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).
12. Adoption Assistance Payments	Adoption assistance payments in excess of \$480 per adopted child.
13. Family Support Act Income	For public housing only, the earnings and benefits to any family member resulting from the participation in a program providing employment training and supportive services in accordance with the Family Support Act of 1988, section 22 of the 1937 Act (43 U.S.C. 1437t), or any comparable federal, state or local law during the exclusion period.
14. Social Security & SSI Income	Deferred periodic amounts from SSI and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts.
15. Property Tax Refunds	Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
16. Home Care Assistance	Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep this developmentally disabled family member at home.
17. Other Federal Exclusions	<p>Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions of 24 CFR 5.609(c) apply, including:</p> <ul style="list-style-type: none"> ▶ The value of the allotment made under the Food Stamp Act of 1977; ▶ Payments received under the Domestic Volunteer Service Act of 1973 (employment through VISTA, Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions); ▶ Payments received under the Alaskan Native Claims Settlement Act; ▶ Payments from the disposal of funds of the Grand River Band of Ottawa Indians;



- ▶ Payments from certain submarginal U.S. land held in trust for certain Indian tribes;
- ▶ Payments, rebates or credits received under Federal Low-Income Home Energy Assistance Programs (includes any winter differentials given to the elderly);
- ▶ Payments received under the Main Indian Claims Settlement Act of 1980 (Pub. L. 96-420, 9z Stat. 1785);
- ▶ The first \$2,000 of per capita shares received from judgements awarded by the Indian Claims Commission or the Court of Claims or from funds the Secretary of Interior holds in trust for an Indian tribe;
- ▶ Amounts of scholarships funded under Title IV of the Higher Education act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs, or veterans benefits;
- ▶ Payments received under Title V of the Older Americans Act (Green Thumb, Senior Aides, Older American Community Service Employment Program);
- ▶ Payments received after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.);
- ▶ Earned income tax credit;
- ▶ The value of any child care provided or reimbursed under the Child Care and Development Block Grant Act of 1990; and
- ▶ Payments received under programs funded in whole or in part under the Job Training Partnership Act (employment and training programs for native Americans and migrant and seasonal farm workers, Job Corps, veterans employment programs, State job training programs and career intern programs).

APPENDIX B – TENANT INCOME CERTIFICATION

REMINDER:
Required only for Rental Housing Activities

[J:\gmshare\QA\AffordableHousingTeam\(2\)\Form\Monitoring\Technical Workshop\2015 Technical Workshop\HCCSD Tenant Income Cert. form 2015.xls](J:\gmshare\QA\AffordableHousingTeam(2)\Form\Monitoring\Technical Workshop\2015 Technical Workshop\HCCSD Tenant Income Cert. form 2015.xls)

Part V - DETERMINATION OF INCOME ELIGIBILITY

Total Annual Household Income From All Sources: From item (L) on page 1	<input type="text"/>	Household Meets Income Restriction	<input type="checkbox"/> 80% <input type="checkbox"/> 60% <input type="checkbox"/> 40% <input type="checkbox"/> OI	at: <input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> 80%	Recertification Only: Current Income Limit x 80% \$0 Household Income exceeds 80% at Recertification: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Current Income Limit per Family Size: (Most restrictive)	<input type="text"/>				
Household Income at Move-in:	<input type="text"/>	HH Size at Move-in:	<input type="text"/>		

Part VI - RENT

A. Tenant Paid Rent (Column E on USR):	<input type="text"/>			
B. Utility Allowance (Column F on USR):	<input type="text"/>	Units Meets Rent Restrictions at:		
C. Rent Assistance (Column G on USR):	<input type="text"/>	<input type="checkbox"/> 80% <input type="checkbox"/> 60% <input type="checkbox"/> 40% <input type="checkbox"/> OI	<input type="checkbox"/> 50% <input type="checkbox"/> 30% <input type="checkbox"/> 80%	
D. Other non-optional charges:	<input type="text"/>			
E. Gross Rent For Unit (See Instructions):	<input type="text"/>			
		Maximum Rent Limit for this unit (\$):	<input type="text"/>	

SIGNATURE OF OWNER/REPRESENTATIVE

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible under the provisions of program's rules, regulations and the Land Use Restriction Agreement (if applicable), to live in a unit in this Project.

SIGNATURE OF OWNER/RESPRENTATIVE	DATE
<input type="text"/>	<input type="text"/>



SUPPLEMENT TO THE INCOME CERTIFICATION

Unit #::

Date:

See below for Ethnicity, Race and Other codes that characterize household composition. **Enter both Ethnicity and Race** codes for each household member, and a code for Other, if applicable. Also indicate if an individual in the household qualifies the household for the Special Needs occupancy requirement specified in the Land Use Restriction Agreement or other document.

HH Mbr #	Sex - enter M or F	Age	Race	Ethnicity	Other	Designated Special Needs? Enter Y or N
1						
2						
3						
4						
5						
6						
7						

The Department of Housing & Urban Development (HUD) requests this information in order to monitor compliance with equal opportunity and fair housing goals. Although HUD would appreciate receiving this information, you may choose not to furnish it. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. **However, if you choose not to furnish it, the Management of the Development is required to note ethnicity, race, sex, age and other household completion on the basis of visual observation or surname.** If you do not wish to furnish this information, please initial below.

RESIDENT/APPLICANT: I do not wish to furnish information regarding ethnicity, race, sex, age and other household composition.
(Initials)

The following Ethnicity codes should be used:	The following Race codes should be used:	The following Other codes should be used:
A. Hispanic	A. White	A. Elderly
B. Not Hispanic	B. Black/African American	B. Disabled
	C. Asian	C. Elderly & Disabled
	D. American Indian/Alaska Native	
	E. Native Hawaiian/Other Pacific Islander	
	F. American Indian/Alaska Native & White	
	G. Asian & White	
	H. Black/African American & White	
	Black/African American	
	J. Other Multi Racial	

DEFINITIONS

Ethnic categories:

A. Hispanic -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.

B. Not Hispanic - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Racial categories:

A. White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

B. Black/African American - A person having origins in any of the black racial groups of Africa. Terms such as "Hatian" or "Negro" apply to this category.

C. Asian - A person having origins in any of the original peoples of Far East, Southeast Asia, or the Indian subcontinent including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

D. American Indian/Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

E. Native Hawaiian/Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: The remaining racial categories (F-I) are multi-racial categories made up of combinations of the single race categories defined above (A-E). If the appropriate multi-racial category is not listed, use the "Other Multi-Racial" (J) category.



APPENDIX C – HOME HOUSEHOLD INCOME LIMITS

2014 Median Family Income (MFI) Limits (as of May 1, 2014)

<i>INCOME LEVELS</i>	HOUSEHOLD SIZE							
	1	2	3	4	5	6	7	8
Extremely Low Income 30% Limits	14,000	16,000	18,000	20,000	21,600	23,200	24,800	26,400
Very Low Income (50%)	23,350	26,650	30,000	33,300	36,000	38,650	41,300	44,000
60% Limits	28,020	31,980	36,000	39,960	43,200	46,380	49,560	52,800
Low Income (80%)	37,350	42,650	48,000	53,300	57,600	61,850	66,100	70,400

APPENDIX D – VERIFICATION FORMS

These forms have been obtained from HUD's website and are not a specific requirement. You are allowed to utilize your own preferable forms given that it captures the same information. You may not need to use all of the forms provided and are not required to complete each form unless it is applicable to the applicant. Clean copies of these forms have been attached to this guidebook for your use. CSD provides all forms and this booklet on a Compact Disk.

- Eligibility Release Form
- Verification of Employment
- Verification of Deposit
- Non-Income Affidavit (Part A)
- Non-Income Affidavit – Statement of Sole Support (Part B)
- Verification of Social Security Benefits
- Verification of Alimony / Separation Payments
- Verification of Business Income
- Verification of Income from Military Service
- Verification of Veterans Administration Benefits
- Verification of Pension and Annuities
- Verification of Recurring Cash Contributions
- Verification of Public Assistance Income
- Verification of Unemployment Benefits
- Verification of Child Support Payments
- Record of Third Party Oral Verification
- Recertification of Annual Income by Tenant Family

**HOME/CDBG Program
Eligibility Release Form**

Mailing Address of Party Requesting Information:

Information Covered: **Inquiries may be made about items initialed by applicant/tenant.**

Purpose: Your signature on this HOME/CDBG Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

HOME/CDBG Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in a HOME/CDBG Program and the amount of assistance necessary using HOME/CDBG funds. This information will be used to establish level of benefit on the HOME/CDBG Program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME/CDBG Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

Head of Household—Signature, Printed Name, and Date:
Family Member HEAD

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #3

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled Family Member ____ Minor Children		

Authorization: I authorize the above-named HOME/CDBG Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #2

Other Adult Member of the Household—Signature, Printed Name, and Date:
Family Member #4



VERIFICATION OF EMPLOYMENT



**HARRIS COUNTY COMMUNITY
SERVICES DEPARTMENT**

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME/CDBG Program, which we administer, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information will be appreciated. **A self-addressed return envelope is enclosed.**

Name of Applicant:

Employed since: _____ Occupation: _____

Salary: _____

Effective date of last pay increase: _____

Base pay rate:
\$_____/Hour; or \$_____/Week; or \$_____/Month

Average hours/week at base pay rate: ____ Hours

no. weeks ____, or no. weeks ____ worked/year
overtime pay rate: \$_____/hour

Expected average number of hours overtime worked per week during next 12 months _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):
For: _____ \$_____ per _____

Is pay received for vacation? • Yes • No
If Yes, no. of days per year ____

Total base pay earnings for past 12 mos. \$_____

Total overtime earnings for past 12 mos. \$_____

Probability and expected date of any pay increase:

Does the employee have access to a retirement account? • Yes • No
If Yes, what amount can they get access to:
\$_____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME/CDBG Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Company Name: _____

Signature of Authorized Representative:

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF ASSETS AND DEPOSITS

 <p>HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT</p> <p>AUTHORIZATION: Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME/CDBG Program, which we administer, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p><u>Name of Applicant:</u></p> <p>_____</p> </div>	Checking Account No. _____ _____	Average Monthly Balance for Last 3 Months _____ _____	Current Interest rate _____ _____	Current Interest Rate _____ _____
	Savings Accounts _____ _____	Current Balance _____ _____	Current Interest Rate _____ _____	
IRA, Keogh, Retirement Accounts				
_____ _____	Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____
	Money Market Funds _____ _____	Amount (Average 3-month Balance) _____ _____	Interest Rate _____ _____	
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME/CDBG Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	Signature of _____ or Authorized Representative _____ Title: _____ Date: _____ Telephone: _____			
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>				

NON-INCOME AFFIDAVIT
(Part A)

Agency Name
Address
Phone Number, Fax Number

NON-INCOME AFFIDAVIT
(Part A)

I, _____, do hereby swear and affirm that I do NOT have any income. This includes but is not limited to income from any of the following:

1. Wages, Public Assistance (TANF, Food Stamps, etc.), Social Security, SSI, etc.;
2. Child Support, Alimony, or regular monetary gifts from family or friends, etc.;
3. Assest (homes, stocks, etc.; inherited property);
4. Interest Income from Savings, Checking, Christmas Club and other bank accounts, IRA's
Certificates of Deposit, Money Market Funds, Credit Unions, etc.;
5. U.S. Savings Bonds, Stocks or Bonds of any kind;
6. Pensions, Annuities, Retirement Funds etc.; (this includes benefits you may receive from being a
beneficiary of a life insurance or retirement plan);
7. Whole Life Insurance;
8. Real Estate Property, etc.;
9. Burial Plots; and/or;
10. Any other income (includes tips, property sold, baby-sitting, etc.)

Note: Adult members in household (18 years and older) **must sign** this form. By signing this form, I also give my permission for _____ (name of property or HCCSD) to obtain a certified copy of any tax returns submitted to the U.S. Internal Revenue Service.

***Pursuant to 28 U.S.C. Section 1746, I hereby certify under penalty or perjury that he foregoing is true and correct:**

Printed Name: _____

Signature: _____

Date: _____

***Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Property Staff or HCCSD staff name and Date



**NON-INCOME AFFIDAVIT
STATEMENT OF SOLE SUPPORT**
(Part B)

Agency Name
Address
Phone Number, Fax Number

**NON-INCOME AFFIDAVIT
STATEMENT OF SOLE SUPPORT**
(Part B)

List the name of the household member who is 18 years or older and does not have a source of income:

Name of Household Member	Social Security #	Age
_____	_____	_____

I HEREBY STATE THAT I PROVIDE SUPPORT FOR THE ABOVE HOUSEHOLD MEMBER 18 YEARS OR OLDER WHO DOES NOT HAVE A SOURCE OF INCOME TO THE EXTENT THAT I PAY THEIR PART OF THE RENT, FOOD AND OTHER NECESSITIES TO SURVIVE FROM MY INCOME.

***Pursuant to 28 U.S.C. Section 1746, I hereby certify under penalty or perjury that he foregoing is true and correct:**

Printed Name: _____
Signature: _____
Date: _____

***Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Property Staff or HCCSD staff name and Date



VERIFICATION OF SOCIAL SECURITY BENEFITS



HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT

AUTHORIZATION: Federal Regulations require us to verify Social Security Benefit Income of all members of the household applying for participation in the HOME/CDBG Program, which we administer, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name of Applicant:

Social Security Data

Date of birth: _____

Gross monthly Social Security Benefit amount, type of benefit: _____

Gross monthly Supplemental Security income payment amount (including State supplement), type of benefit: _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME/CDBG Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of:

or Authorized Representative

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF ALIMONY AND SEPARATION PAYMENT



HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT

AUTHORIZATION: Federal Regulations require us to verify Alimony and Separation Payments made to all members of the household applying for participation in the HOME/CDBG Program, which we administer, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name of Applicant:

Name of Person Paying Alimony or Separation Payments:

Address of Person Paying Alimony or Separation Payments:

Name of person being supported:

Amount of support:

\$_____ • Week • Month • Year

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME/CDBG Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of Authorized Representative:

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF INCOME FROM BUSINESS



HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT

AUTHORIZATION: Federal Regulations require us to verify Business Income of all members of the household applying for participation in the HOME/CDBG Program, which we administer, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name of Applicant:

BASED ON BUSINESS TRANSACTED FROM

_____ TO _____

GROSS INCOME \$ _____

EXPENSES

- (a) INTEREST ON LOANS \$ _____
- (b) COST OF GOODS/MATERIALS \$ _____
- (c) RENT \$ _____
- (d) UTILITIES \$ _____
- (e) WAGES/SALARIES \$ _____
- (f) EMPLOYEE CONTRIBUTIONS \$ _____
- (g) FEDERAL WITHHOLDING TAX \$ _____
- (h) STATE WITHHOLDING TAX \$ _____
- (i) FICA \$ _____
- (j) SALES TAX \$ _____
- (k) OTHER:
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
- (l) STRAIGHT LINE DEPRECIATION \$ _____
- TOTAL EXPENSES** \$ _____
- 3. NET INCOME** \$ _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME/CDBG Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of: _____

or Authorized Representative _____

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



VERIFICATION OF INCOME FROM MILITARY SERVICE



HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT

AUTHORIZATION: Federal Regulations require us to verify Military Service Income of all members of the household applying for participation in the HOME/CDBG Program, which we administer, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name of Applicant:

Years _____ and Months _____ of service for pay purposes.

Income:

Base and Longevity Pay \$ _____

Proficiency Pay \$ _____

Sea and Foreign Duty Pay \$ _____

Hazardous Duty Pay \$ _____

Subsistence Allowance \$ _____

Quarters Allowance (include only amount contributed by the Government) \$ _____

Number of dependents claimed _____

Imminent Danger Pay \$ _____

Other (explain):

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME/CDBG Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____
or Authorized Representative

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF VETERANS ADMINISTRATION BENEFITS



HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT

AUTHORIZATION: Federal regulations require us to verify veterans administration benefits income of all members of the household applying for participation in the HOME/CDBG program, which we administer, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name of Applicant:

Name of Veteran: _____

Address: _____

Claim No.: _____

Date of Birth: _____

Service Dates: _____ to _____

Benefits Paid to: _____

Current Benefit Amount \$ _____

Original Start Date _____

This amount will increase/
decrease to (circle one) \$ _____

Date Change Takes Effect _____

Benefits are for:

- GI Bill Training
- Insurance
- Service Connected Compensation Disability (%) _____
- Nonservice Pension Death
- Service Connected Compensation Death
- Other _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME/CDBG Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____
or Authorized Representative

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF PENSION AND ANNUITIES



HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT

AUTHORIZATION: Federal Regulations require us to verify Pension and Annuities Income of all members of the household applying for participation in the HOME/CDBG Program, which we administer, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name of Applicant: _____

Current monthly gross amount of pension or annuity \$ _____

Deductions from gross for medical insurance premiums \$ _____

Date of initial aware _____

Effective date of current amount \$ _____

Contributions to company retirement/pension funds \$ _____

Amount received in a lump sum \$ _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME/CDBG Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of: _____
or Authorized Representative _____

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



VERIFICATION OF RECURRING CASH CONTRIBUTIONS



HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT

AUTHORIZATION: Federal Regulations require us to verify Recurring Cash Contributions made to all members of the household applying for participation in the HOME/CDBG Program, which we administer, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name of Applicant:

Purpose of Cash Contribution:

Amounts anticipated to be received during the next 12 months:

Date: _____ \$ _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME/CDBG Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____
or Authorized Representative

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



VERIFICATION OF PUBLIC ASSISTANCE INCOME



HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT

AUTHORIZATION: Federal Regulations require us to verify Public Assistance Income of all members of the household applying for participation in the HOME/CDBG Program, which we administer, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name of Applicant:

Public Assistance Data	Rate per Month
Number in family: _____	
Aid to families with Dependent Children	\$ _____
General Assistance	\$ _____
Does this amount include court-awarded support payments?	• Yes • No
Amount specifically designated for shelter and utilities	\$ _____
Other assistance type: _____	\$ _____
Total Monthly Grant	\$ _____
Other income sources: _____	\$ _____
Maximum allowance for rent and utilities (as-paid States)	\$ _____
Amount of public assistance received during past 12 months	\$ _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME/CDBG Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____
or Authorized Representative

Title: _____

Date: _____

Telephone: _____

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VERIFICATION OF CHILD SUPPORT PAYMENTS



HARRIS COUNTY COMMUNITY SERVICES DEPARTMENT

AUTHORIZATION: Federal Regulations require us to verify Child Support Payments made to all members of the household applying for participation in the HOME/CDBG Program, which we administer, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed. Name of Applicant: _____

Name of Person Paying Child Support:

Address of Person Paying Child Support:

Support is for • his • her children.

Name(s) of children being supported:

Amount of support:

\$_____ • Week • Month • Year

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME/CDBG Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____ or
Authorized Representative

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



RECORD OF THIRD PARTY ORAL VERIFICATION

Property Management or Subrecipient:		Property/Program Name:
Address:		
Phone:	Fax:	E-mail:

Tenant/Applicant/Home Owner:
Address:
Re:
Date Information Received:

Information Verified
Item Verified:
Person Contacted:
Representing:
Information Supplied:

Signature of Person Receiving Verification:	
Date:	Time:
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.	



RECERTIFICATION OF ANNUAL INCOME BY TENANT FAMILY



Household Information

Household name: _____

Household size (total number in household): _____

Household members (list): _____

Income Information

Annual (gross) income (total of all household members): \$ _____

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to (Name of PJ and/or Property Owner/Manager).

Tenant Signature: _____

Date: _____

Property Management Signature: _____

Date: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



APPENDIX E - OTHER REQUIRED FORMS

These forms are required to be completed and filed in the respective applicant files. If the applicant is not claiming to be disabled, then the Verification of Disability does not apply.

- Affidavit of Citizenship (For Homebuyer and Homeowner Rehabilitation Programs)

AFFIDAVIT OF CITIZENSHIP*

Please check one of the following boxes:

- I hereby affirm that I am a citizen of the United States of America (U.S.A.).
- I hereby affirm that I am a Permanent Resident Alien, which is a person who is not a citizen of the United States, but who is legally residing permanently in the U.S.A at the time of this application.

* Falsely claiming citizenship by any alien is grounds for deportation, according to Title 8 of the United States Code section 1227(a)(3)(D).

Printed Name of Applicant
(over 18 years of age)

Signature of Applicant
(over 18 years of age)

Date: _____

Date: _____

Documentation of citizenship provided to the Harris County Community and Economic Development Department is listed below, a photocopy of which is attached to this Affidavit:

THE STATE OF TEXAS §
COUNTY OF HARRIS §

This instrument was acknowledged before me on the ____ day of _____, 20__.

(Notary Seal)

Notary Public, State of Texas
My Commission expires on _____

