



**NON-WAGE INCOME VERIFICATION FORM**

DATE: \_\_\_\_\_

TO (PROVIDER OF NON-WAGE INCOME): \_\_\_\_\_

FROM (HOUSING SPECIALIST): \_\_\_\_\_

RE (TENANT NAME): \_\_\_\_\_

The household member named above is applying for or recertifying eligibility for housing assistance. **Housing and Urban Development (HUD) regulations require us to verify all information used in determining the household's eligibility for housing assistance.** The household member has informed us that you have been providing financial assistance to them. Please provide us with the information requested below. The household member has consented to the release of this information as shown below. Please return this form promptly to the Housing Specialist named above.

**HOUSEHOLD MEMBER RELEASE**

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

HOUSEHOLD MEMBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INFORMATION REQUESTED:**

PERSON PROVIDING NON-WAGE INCOME: \_\_\_\_\_

DATE ASSISTANCE BEGAN: \_\_\_\_\_

MONTHLY AMOUNT GIVEN: \_\_\_\_\_

I, \_\_\_\_\_, hereby swear all information provided is true and complete to the best of my knowledge.

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.**

