COMMONWEALTH OF VIRGINIA
FEDERAL TAX CREDIT PROGRAM

PUBLIC HOUSING AUTHORITY (PHA)
INCOME CERTIFICATION

To: ______________________________________ Date: _________________________________
(Local PHA)

______________________________________
(Address)

Re:    _________________________________
(Applicant/Tenant)

This will serve as authorization for the above agency to release the information requested.

_______________________________________  _______________________________________
(Signature)       (Date)

This is to certify that ______________________________________________________ (Applicant/Tenant's name) who is
the holder of a Section 8 Certificate/Voucher from this PHA has a gross annual income of $__________________ as
of _____________________________ (Date). On that date the household consisted of ___________ members.

I understand that you need this information to certify that this applicant/tenant's household is in compliance with tax
credit income restrictions under Section 42(g) of the Internal Revenue Code.

Also, if available, attached is a copy of the applicant/tenant's Form 50058/50059.

_______________________________________
(Name of PHA)

_______________________________________
(Signature)

_______________________________________
(TITLE)

_______________________________________
(Date)

PLEASE RETURN FORM TO:

_______________________________________
(Name and Title)

_______________________________________
(Address)

_______________________________________
(City, State and Zip Code)