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## VERIFICATION SUMMARY FORM

DEVELOPMENT NAME: \_\_\_\_\_  
 APT. #: \_\_\_\_\_ APT. SIZE: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_  
 CERTIFICATION TYPE: \_\_\_\_\_

1. HOUSEHOLD MEMBERS: *(List all individuals residing in the apartment.)*      2. HOUSEHOLD SIZE: \_\_\_\_\_

_____	_____
_____	_____
_____	_____

MEMBER/TYPE <i>H=Head, C=Co-Head, O=Other</i>	DESCRIPTION <i>(Wages, Soc. Sec., Pension, Public Asst., Unemployment)</i>	ANNUAL INCOME
		\$
		\$
		\$
		\$
		\$

3. INCOME: \$ \_\_\_\_\_

ASSET TYPE	(A) ASSET CASH VALUE	INTEREST RATE	(B) ACTUAL ASSET	DATE DISPOSED
<b>TOTAL</b>	(A) \$		(B) \$	

If the Total Asset Cash Value (A) is greater than \$5,000 multiply (A) by current HUD Passbook Rate. *(If less than \$5,000, enter N/A.)* \$ \_\_\_\_\_ (C)

4. ASSET INCOME: \$ \_\_\_\_\_  
*(> of B or C)*

If Line #5 is less than or equal to Line #6, the household is qualified for tax credit housing. If Line #5 is greater, income eligibility should be denied.

5. TOTAL INCOME: \$ \_\_\_\_\_  
*(Add Line #3 & #4)*

**NOTE:** If this is a recertification, Maximum Income Limit should be 140% of the current limit.

6. INCOME LIMIT: \$ \_\_\_\_\_

**OFFICE USE ONLY:**



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.