

**HOUSEHOLD INCOME VERIFICATION**

Applicant Name: \_\_\_\_\_

*Income should be counted for ALL members of the household 18 years or older.*

	<b>YES</b>	<b>NO</b>	<b>AMOUNT</b>
Employment/Self-Employment Income	_____	_____	_____
General Assistance	_____	_____	_____
TANF	_____	_____	_____
Social Security/Supplemental Social Security	_____	_____	_____
Pensions	_____	_____	_____
Veterans Benefits	_____	_____	_____
Alimony	_____	_____	_____
Child Support	_____	_____	_____
Unemployment	_____	_____	_____
Workman’s Compensation	_____	_____	_____
Military Pay	_____	_____	_____

**PRE-COVID-19**  
**Total Monthly Income:** \_\_\_\_\_

**POST-COVID-19**  
**Total Monthly Income:** \_\_\_\_\_

**Total Annual Income:** \_\_\_\_\_

**Total Annual Income:** \_\_\_\_\_

**Household Size:** \_\_\_\_\_

**Household Size:** \_\_\_\_\_

**<80% AMI?**  Yes  No

*If the above conditions have not been met, the household is not eligible for assistance.*

Please sign below to certify that the information presented in this form is true and correct, to the best of your knowledge, and is not submitted for any fraudulent, improper, or illegal purposes. By signing this form, you also agree that a representative from Delaware State Housing Authority (DSHA) may contact you regarding any questions or need for further information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Electronic Signature acceptable.*