

## VERIFICATION REQUIREMENTS – CHECKLIST

**All verifications must be dated within two months (60 days) of the date of the annual letter. If documents are too old, we will request that you supply documents with a current date.**

Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_

***Tenant's Acknowledgement:***

I, \_\_\_\_\_ agree to furnish the checked / marked item(s) below and submit them promptly on the date and time noted below – as discussed with my housing specialist. I also understand that failure to provide the verification requested by (staff name) \_\_\_\_\_ will result in the process to terminate my lease.



Date:

Appointment Time:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PLEASE BRING THE CHECKED / MARKED ITEM(S):

**INCOME**

○ **Earned Income (employment).**

- Copies of the most recent two consecutive paystubs (mm/yy) \_\_\_\_\_;
- If new employment** - A letter from your employer verifying your start date, rate of pay, hours worked per week/month, any extra compensation including tips, bonuses, or commission and complete contact information for the employer.
- If self-employed, a copy of the most recently filed IRS 1040 form and Schedule C form, OR the Self-Employment Statement of Income (request from your Housing Specialist)
- If receiving SSPS income through DSHS, complete the SSPS Employment form (request from your Housing Specialist).

○ **Unearned Income.**

- TANF award letter; if TANF amount has been reduced, please provide a copy of the award letter stating the reason the amount was reduced.
- SS/SSI/SSDI/survivor's benefits letter. If you need a new letter you may request one

online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or by calling 1-800-772-1213. **\*\*Note:** If you have deductions out of your SS/SSI income, please call and request a detailed letter explaining what/how much the deductions are.

- Unemployment benefits award letter
- L&I claims
- Pensions or VA benefits, letter with amount and frequency of payment
- **Child support.**
  - 12-month print-out from OSE; or
  - A letter from the parent providing support verifying the amount and frequency of payments, and the address and phone number of the paying parent.
- **No Income.**
  - If any adult member of your household has zero income, that member must sign a no income statement, (request form from your housing specialist)

## **ASSETS / BANK ACCOUNTS**

***For all family members, provide one (1) of your most recent statements for all assets. If you have any other assets that are not listed here, you must declare it to the Housing Authority.***

- **Bank statements.**
  - Most recent bank statement including name, account number, current balance, and interest rate. **Provide all pages for each statement.**
- **Investment accounts.**
  - A current investment report including the balance and rate of return of the account (if known) for all stocks, bonds, mutual funds, savings certificates (certificate of deposit), money market funds retirement accounts (company, IRA, Keogh), inheritances, lottery winnings, or life insurance policies. **Provide all pages for each statement.**
- **Real estate.**
  - Any documents showing ownership in real estate (mortgage statement, tax information, deed to property, closing/escrow report showing the address, value, and amount owed on the home.

## **DEDUCTIONS**

- **Childcare costs.**
  - A current award letter from DSHS stating your co-pay amount. **OR**
  - Current receipts/printout from childcare provider, showing payment amount and provider's contact information

- **Full time student.**
  - Verification of student status (i.e. class schedule); **OR**
  
  - A letter on school letterhead stating full time student status for current semester/quarter.
  
- **Medical costs.**
  - Medical deductions are only allowed for households with a disabled or elderly (over age 62) head/co-head/or spouse. Deductions are provided for medical costs for all household members, even those that are not disabled.
  
  - The total of your anticipated medical expenses must exceed three percent (3%) of your family's gross income in order to qualify for an allowance.
  
  - Medical expenses must be recurring expenses that can be expected over the next 12 months.

**Examples of acceptable medical expenses include (circle the requested item/s)**

- Insurance premiums.** A document from the insurance company, a minimum of two bank statements showing withdrawal for insurance (along with proof of insurance plan), or paystubs showing withdrawal are acceptable forms of verification.
  
- Prescriptions.** A printout from the pharmacy showing out of pocket prescription costs for the previous twelve months.
  
- Doctor/Dental/Vision/Counseling/Therapy visits.** A print-out from the provider's office showing the number, dates, and amount paid out-of-pocket for the previous twelve months.
  
- Medical Monitoring.** A 12-month printout for the previous twelve months of monitoring.
  
- Nursing Services / COPES.** A 12-month printout for the previous twelve months showing your out-of-pocket expense.
  
- Service Animal Expenses.** Submit itemized (e.g. veterinary bills, receipts for food, kitty litter, etc.) receipts for the costs of service animal care and include a verification letter that you require a service animal.

**Other / Special remarks: (FOR OFFICIAL USE ONLY)**