

Attachment 6-H
Acceptable Forms of Verification

Item to be Verified	Acceptable Sources				Tips
	Written/Third Party	Provided by Applicant (generated by third party source)	*Oral	Self-Certification	
Alimony or Child Support	<ul style="list-style-type: none"> Alimony/child support payment summary records (12 months) provided by payment agency. 	<ul style="list-style-type: none"> Copies of recent alimony/child support payment stubs (minimum 3 months). Copies of alimony/child support payment summary records (minimum 3 months). 	Not applicable	Not applicable	Only include the amounts received by the household, not the amount the household may be legally entitled to receive.
Assets disposed of for less than fair market value	None required	<ul style="list-style-type: none"> Copies of real estate closing documents that indicate distribution of sales proceeds and settlement costs. 	None required.	<ul style="list-style-type: none"> Certification signed by applicant / tenant that no household member has disposed of assets for less than fair market value during the preceding two years. If applicable, certification signed by the owner of the asset disposed of that shows: type of asset disposed, date disposed, amount received, and market value of asset at the time of disposition. 	<p>Only count assets disposed of within a two-year period prior to certification or recertification.</p> <p>The amount of asset to be included in net family assets is the difference between the market value of the asset and the amount that was actually received (if any) in the disposition of the asset.</p>

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Care attendant for disabled household member	<ul style="list-style-type: none"> • Written verification from attendant stating amount received, frequency of payments, hours of care. • Written certification from doctor or rehabilitation agency that care is necessary for employment of household member. 	<ul style="list-style-type: none"> • Copies of receipts. • Cancelled checks indicating payment amount and frequency. 	<ul style="list-style-type: none"> • Telephone or in person contact with source documented in file by the owner. 	Not applicable	The owner must determine if this expense is to be considered a medical or disability assistance expense.
Childcare expense	<ul style="list-style-type: none"> • Written verification from person who provides care indicating amount of payment, hours of care, names of children, and frequency of payment. 	<ul style="list-style-type: none"> • Copies of receipts • Cancelled checks indicating payments. 	<ul style="list-style-type: none"> • Telephone or in person contact with the childcare provider documenting who provides the care, amount of payment, hours of care, names of children, and frequency of payment. 	Not applicable	<p>Childcare expenses are allowed when it enables a family member to work, attend school, or look for employment. There must be no other adult household member capable of providing care during the hours care is needed.</p> <p>A verification of employment income and/or verification of student status must be documented in file.</p> <p>For student status, the verification must show that the time and duration of school attendance reasonably corresponds to the period of childcare.</p>

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Disability assistance expenses/ Auxiliary apparatus	<ul style="list-style-type: none"> • Written verification from source of costs and purpose of apparatus. • Written certification from doctor or rehabilitation agency that use of apparatus is necessary for employment of any household member. • In a case where the disabled person is employed, statement from employer that apparatus is necessary for employment. 	<ul style="list-style-type: none"> • Copies of receipts • If periodic payments are being made, evidence of periodic payments for apparatus. 	<ul style="list-style-type: none"> • Telephone or in person contact with these sources documented in file by the owner. 	Not applicable	The owner must determine if the expense is to be considered a medical or disability assistance expense.
Disability status	<ul style="list-style-type: none"> • Verification from appropriate source of information stating that individual qualifies under the definition of disability. (Appropriate source of information may include a physician, a clinic, welfare agency, the Social Security Administration, or other knowledgeable service.) 	<ul style="list-style-type: none"> • Copy of documentation from appropriate third party, for example, Social Security Administration. 	<ul style="list-style-type: none"> • Telephone or in person contact with medical professional verifying qualification under the federal disability definition. 	Not applicable	<p>The term disability does not include current, illegal use of or addiction to a controlled substance.</p> <p>A person that does not receive Social Security Disability may still qualify under the definition of a person with disabilities.</p> <p>Owners must not seek to verify information about a person's specific disability other than obtaining a professional's</p>

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					opinion of qualification under the definition of a person with disabilities.
Dividend income and bank account interest income	<ul style="list-style-type: none"> • Verification form completed by bank. 	<ul style="list-style-type: none"> • Copies of: <ul style="list-style-type: none"> - current statements, bank passbooks, and certificates of deposit, if they show required information (i.e., current rate of interest). - Form 1099 from the financial institution, and verification of projected income for the next 12 months. - Broker's quarterly statements showing value of stocks or bonds and earnings credited to the applicant or tenant. 	<ul style="list-style-type: none"> • Telephone or in person contact with appropriate party, documented in tenant file. 	Not applicable	<p>Must obtain enough information to accurately project income over next 12 months.</p> <p>Verify interest rate as well as asset value.</p> <p>For some assets, copies of year-end statements can provide information about annual income.</p>
Employment income including tips, gratuities, overtime	<ul style="list-style-type: none"> • Verification of employment form • Employer letter of hire or termination • Payroll summary report. 	<ul style="list-style-type: none"> • Copies of pay stubs or earning statements (minimum of 2 current and consecutive pay stubs). • Copy of payroll summary report. • W-2 Forms, if applicant or tenant has had same employer for at 	<ul style="list-style-type: none"> • Telephone or in person contact with employer, specifying amount to be paid per pay period and length of pay period, documented in tenant file. 	Not applicable	<p>Always verify:</p> <ul style="list-style-type: none"> - frequency of gross pay (i.e., hourly, biweekly, monthly, bimonthly), - anticipated increases in pay and effective dates, and - overtime.

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		least two years and increases can be accurately projected.			<p>Require most recent 2 consecutive pay stubs; do not use check without stub.</p> <p>Off-Farm labor housing tenants must receive a substantial portion of income from farm labor employment. See 7 CFR 3560.576 (b)(2)(i).</p>
Federal Tax Refund	Not applicable	<ul style="list-style-type: none"> • Copy of IRS Tax Return Transcript • Complete, legible, signed copy of the most recently filed Federal income tax form. • Copy of refund check or bank statement showing deposit, if document clearly indicates federal tax refund. 	Not applicable	Not applicable	<p>Only needed if applicant/tenant has net family assets that exceed \$51,600 (adjusted annually for inflation) and received a federal tax refund during the prior 12 months.</p> <p>Federal tax refunds are excluded from income. The amount of refund is subtracted from the total value of net family assets.</p>
Interest from sale of real property (i.e., contract for deed, installment sales contract, etc.)	<ul style="list-style-type: none"> • Verification form completed by an accountant, attorney, real estate broker, the buyer, or a financial institution which has copies of the amortization schedule from which interest 	<ul style="list-style-type: none"> • Copy of the contract. • Copy of the amortization schedule, with sufficient information for the owner to determine the amount of interest to be earned 	<ul style="list-style-type: none"> • Telephone or in person contact with appropriate party, documented in file by the owner. 	Not applicable	<p>Only the interest income is counted; the balance of the payment applied to the principal is merely a liquidation of the asset.</p> <p>The owner must obtain enough information to compute the actual</p>

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	income for the next 12 months can be obtained.	during the next 12 months.			interest income for the next 12 months. Copy of a check paid by the buyer to the applicant is not acceptable.
Medical expenses	<ul style="list-style-type: none"> • Verification by a doctor, hospital or clinic, dentist, pharmacist, etc., of estimated medical costs to be incurred or regular payments expected to be made on outstanding bills which are not covered by insurance. 	<ul style="list-style-type: none"> • Copies of income tax forms that itemize medical expenses, when the expenses are not expected to change over the next 12 months. • Receipts, pay stubs, or cancelled checks which indicate health insurance premium costs, or payments to a resident attendant. • Receipts or ticket stubs that verify transportation expenses directly related to medical expenses. • Copies of cancelled checks that verify payments on outstanding medical bills that will continue for all or part of the next 12 months. • Receipts documenting over the counter medicines that have been 	<ul style="list-style-type: none"> • Telephone or in-person contact with doctor, hospital or clinic, dentist, pharmacist, etc., documented in file by the owner. 	<ul style="list-style-type: none"> • Self-certification of transportation expenses directly related to medical treatment, if there is no other source of verification. 	Medical expenses are not allowable as deductions unless household status is elderly or disabled.

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		recommended in writing by a physician or other healthcare provider as treatment for a specific medical condition.			
Need for service animal or assistive animal	<ul style="list-style-type: none"> Letter from appropriate third party unless the need is readily apparent or already known. 	<ul style="list-style-type: none"> Copy of letter from appropriate third party. 	Not applicable	Not applicable	If the owner's policy is to verify this need, owner must implement the policy consistently.
Net family assets	<ul style="list-style-type: none"> Verification forms, letters or documents received from financial institutions, stockbrokers, real estate agents, employers indicating the current value of the assets and penalties or reasonable costs to be incurred in order to convert nonliquid assets into cash. 	<ul style="list-style-type: none"> A minimum of one statement that reflects the <u>current</u> balance of banking/financial accounts. Copies of real estate tax statements, if tax authority uses approximate market value. 	<ul style="list-style-type: none"> Telephone or in person contact with appropriate source, documented in tenant file. 	<ul style="list-style-type: none"> Self-certification stating cash value of assets that cannot be verified by a third-party source. 	<p>Use current balance in savings accounts and checking accounts.</p> <p>Use cash value of all assets (the net amount the applicant would receive if the asset were converted to cash).</p> <p>For some assets, copies of year-end statements can provide information about annual income</p> <p>RD does not allow tenants to self-certify that their net assets do not exceed \$51,600 (as adjusted for inflation).</p>
Net income for a business or self-employment	Not applicable	<ul style="list-style-type: none"> Most recently filed Form 1040 with applicable Schedules. Financial Statement of the business (audited 	Not applicable	Not applicable	Income tax returns with corresponding official tax forms and schedules attached and including third-party receipt of

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		<p>or unaudited) including an accountant's calculation of straight-line depreciation expense if accelerated depreciation was used on the tax return or financial statement.</p> <ul style="list-style-type: none"> • For rental property, copies of recent rent checks, lease and receipts for expenses, or IRS Schedule E. 			transmission for income tax return filed (i.e., tax preparer's transmittal receipt, summary of transmittal from online source, etc.) are an acceptable form of verification.
Recurring contributions and gifts	<ul style="list-style-type: none"> • Statement signed by the person providing the assistance giving the purpose, dates, and value of gifts. 	Not applicable	<ul style="list-style-type: none"> • Telephone or in-person contact with source documented in file by the owner. 	<ul style="list-style-type: none"> • Certification signed by applicant stating purpose, dates, and value of gifts. 	<p>Sporadic contributions and gifts are not counted as income.</p> <p>In-kind donations (e.g., food, clothing, or toiletries received from a food bank or similar organization) are not counted as income.</p> <p>Non-recurring, non-monetary in-kind donations from friends and family is excluded as non-recurring income.</p>
Social security number	Not applicable	<ul style="list-style-type: none"> • Copy of Social Security Card. Management does not need to maintain a copy of 	Not applicable	<ul style="list-style-type: none"> • Household members may submit a signed certification stating his/her 	Social security numbers are required as part of the tenant's application. The signed application is

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		the Social Security Card.		Social Security Number.	<p>an acceptable self-certification for verification of social security numbers.</p> <p>Social Security Numbers must be verified only once for each resident.</p> <p>Household members 6 years of age and older must provide a social security number.</p> <p>For any household members who do not have a social security number, the household must certify that the individual has never received a social security number.</p>
Student status (of household member 18 or older, excluding head, spouse or foster children)	<ul style="list-style-type: none"> Documentation from an institution of higher education showing full-time or part-time enrollment status. 	<ul style="list-style-type: none"> Copies of documentation from an institution of higher education showing full-time or part-time enrollment status. 	<ul style="list-style-type: none"> Telephone or in-person contact with source documented in file by the owner. 	Not applicable	
Student Financial Assistance	<ul style="list-style-type: none"> Statement of financial assistance received from assistance source. Statement from institution of higher education showing financial assistance received. 	<ul style="list-style-type: none"> Copy of statement of financial assistance received from assistance source. Copy of statement from institution of higher education showing financial assistance received. 	Not applicable	Not applicable	<p>Any financial aid provided by family or friends is not considered student financial assistance.</p> <p>Student financial assistance falls into two categories: Higher Education Act (HEA) and Non-HEA assistance.</p>

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					<p>Student financial assistance may be paid directly to the student or to the educational institution on the student's behalf.</p> <p>The amount of actual covered costs may also need to be verified.</p>
Unborn Child(ren)	Not applicable	Not applicable	Not applicable	<ul style="list-style-type: none"> Applicant/tenant self certifies to pregnancy. Owner may not verify further than self-certification. 	
Unearned income (i.e., welfare, public assistance, Social Security, Supplemental Security Income (SSI), Disability Income, Pensions, Workers Compensation, etc.)	<ul style="list-style-type: none"> Verification form completed by applicable third-party source indicating maximum amount family may receive. Award or benefit notification letters from authorizing agency. 	<ul style="list-style-type: none"> Copies of the most recent award or benefit letter from the authorizing agency. Most recent two consecutive payment stubs with date, amount, and check number. Award or benefit letters or computer printout from court or public agency. Most recent quarterly pension account statement. 	<ul style="list-style-type: none"> Telephone or in person contact with income source, documented in tenant file. 	Not applicable	<p>For fixed-income sources, a statement dated within the appropriate benefit year is acceptable documentation.</p> <p>Information must be verified annually to account for cost-of-living adjustment (COLA) increases and changes in benefits.</p> <p>When Social Security COLA is known, and the applicant/tenant has not received the applicable award or benefit letter, the</p>

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					<p>COLA percentage may be applied to the prior year's benefit amount.</p> <p>Checks or automatic bank deposit slips may not provide gross amounts of benefits if applicant has deductions made for Medicare Insurance.</p> <p>Copy of U.S. Treasury checks is not acceptable.</p>
Unemployment compensation	<ul style="list-style-type: none"> • Verification form completed by source. 	<ul style="list-style-type: none"> • Applicant/tenant receiving unemployment benefits may provide copies of the most recent award or benefit letter prepared and signed by the authorizing agency to verify the unemployment income. • Copies of checks or records from agency provided by applicant stating payment amounts and dates. 	<ul style="list-style-type: none"> • Telephone or in-person contact with applicable third-party source documented in a file by an owner. 	Not applicable	<p>Unemployed applicant/tenant must complete a form, which provides their current employment status and requires them to agree to inform management immediately, in writing, if their employment status changes.</p> <p>Income not expected to last full 12 months must be calculated based on 12 months and interim recertification completed when benefits stop.</p> <p>Frequency of payments and expected length of benefit term must be verified.</p>

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Zero income	Not applicable	Not applicable	Not applicable	<ul style="list-style-type: none"> Applicant/tenant self certifies to zero income. 	<p>Attachment 6-B provides a zero-income checklist.</p> <p>Tenant must report any change in income status.</p> <p>Management must follow-up with tenant at least quarterly to determine how they are paying for normal living expenses. Quarterly documentation must be kept in tenant file.</p>

*** NOTE:** For all oral verifications, file documentation must include the confirmed information, time and date of phone call, and the name, title and phone number of third party.