MSHDA OCD Income Verification for Homebuyers (IRS 1040)

Policy Bulletin 11C

Effective September 1, 2009

IRS 1040 vs Part 5 (Section 8)

Part 5 is still used for rental and homeowner rehabilitation

IRS 1040 used for homebuyer program because

- Very familiar to homebuyers
- Will qualify more households

IRS 1040 vs Part 5 (Section 8)

1040 method does not count

- Child Support
- Non-taxable Social Security
- VA benefits
- Imputed interest from assets

1040 method to qualify as eligible

- The 1040 method is used to qualify homebuyers under the HUD income limits by program but not to set subsidy amount
- Limits are 80% Area Median Income (AMI) for HOME and CDBG and 120% for NSP
- The subsidy amount while generally 20% of sales price – will depend on amount needed to qualify for mortgage (using Fannie Mae underwriting standards)

HUD Income determination Guidance

- This policy is designed to comply with HUD guidance from “Technical Guide for Determining Income and Allowances for the HOME Program” found at :
- http://www.hud.gov/offices/cpd/affordablehousing/library/modelguides/

HUD Income data sets

- AMI limits are determined annually by HUD and are posted at the HUD website:
- For CDBG & NSP, the limits are published at http://www.huduser.org/datasets/il.html.
- For the HOME Program, the household income limits are published at http://www.hud.gov/offices/cpd/affordablehousing/programs/home/limits/income/.

Eligibility Requirements Residency

- Each household member must be a legal resident of the United States

- Each household member must complete the “Declaration of Section 214 Status” form

IRS Form 1040 Definition of Income

- The definition of **adjusted gross income** is the taxable income after eligible adjustments allowed according to the IRS 1040 method (this is line 37 of the 2009 tax returns) of all adult household members (except fulltime students) anticipated to be received during the coming 12-month period.

Timing of the Income Determination

- For Homebuyer programs (ADR, HPR and DPA), households must be determined income eligible at the time of purchase (closing).
- For new construction projects, the homebuyers must be eligible at the signing of the construction contract.
- For lease-purchase programs, the homebuyer must be eligible at the time the lease is signed
- NOTE: generally MSHDA OCD doesn’t approve lease purchase programs

Timing of the Income Determination continued

- A verification document is valid for 6 months from date of the Checklist, so the verification or certification must be within 6 months of the dates noted above. If the Checklist is older than six months, the **entire** household income must be re-verified and income projected 12 months.

Household Size

- Income eligibility changes with household size – count all members of the household except:
- Foster Children, Live-in Aides, Children of Live-In Aides, Unborn Children
- Children Being Pursued for Legal Custody or Adoption who are not currently living with the household.
- a “Family Composition” form must be completed to document household size

Whose Income to Count

- The IRS 1040 adjusted gross income must be counted for:
- The head of household;
- Co-head, or spouse (even if temporarily absent); and
- Any other family member over 18 years of age (except full-time students).

NOTE: Student status must be verified

What Income to Count

- Taxable Income reportable on IRS 1040:
- Wages, salaries, tip, etc. – to project wages and salary income see guidance below
- Taxable interest - generally use two year average
- Dividends – 2 year average
- Taxable refunds, credits, or offsets of state and local income taxes – 2 year average
- Alimony received – past 12 months – project forward
- Business income or (loss) – 2 year average

What Income to Count (continued)

- Capital gains or losses – 2 year average
- Other gains or losses (usually one time and not projectable)
- IRA distributions taxable amount – generally if person is age 60 or over, you can use past 12 months and project forward
- Pension/annuity - taxable amount – current monthly/quarterly and project forward for 12 months
- Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Schedule E) – 2 year average
- Farm Income or Loss - 2 year average
- Unemployment compensation payments – project from current amount

What Income to Count (continued)

- Social Security taxable amount – current statement and project forward (provide "Social Security Benefits Worksheet" to compute the taxable amount.)
- Other income – This line is used to report income not reported elsewhere on Form 1040 or supporting schedules, including:
  - prizes and awards;
  - gambling, lottery or raffle winnings;
  - jury duty fees;
  - taxable distributions from educational and health savings plans
  - taxable scholarships

NOTE: Most of “other income” not projectable

Treatment of Income from Assets

- The IRS Form 1040 method does <u>not</u> require imputed income from assets, only the actual income listed above. The current list of IRS Form 1040 inclusions and exclusions includes the following types of income from assets in the income calculation:
- Taxable interest,
- Dividends,
- It also requires distributions from retirement accounts to be included as listed above.

Calculating Income

- Annual income is determined by estimating a household's **anticipated** total of taxable income over the next 12 months.
- Use the family's current income to <u>anticipate</u> the family's expected annual income projected for the next 12 months (from the date of application)

Calculating Income (continued)

- Current Income should be verified and projected over 12 months
- Weekly pay X 52, monthly X 12 – etc
- It is more difficult to project irregular income such as temporary, or seasonal work, unemployment income etc.
- Generally, for irregular work, you can look at 12 month history and project 12 months

Projecting Irregular Income

- School Employment – Most schools are in session 37 weeks a year: calculate at 37 weeks worked and 15 weeks off unless verification documents specifically note otherwise. School employees usually have a choice of being paid their yearly salary spread out over 37 weeks or 52 weeks.
- Unemployment Benefits – Multiply the gross weekly benefit by the number of weeks remaining in the eligibility period. Grantees must be sure to consult with employers for the possibility of a return to employment and/or check with the unemployment office on the possibility of an extension of benefits.
- Irregular Income (including wages, overtime, commissions etc) – Use the most recent verification available. Divide the YTD amount by the number of actual weeks to receive an average weekly amount. Multiply the average weekly amount by 52 weeks.

Exclusions from Income

- Items that are specifically excluded from (taxable IRS 1040) income include:
- Child support.
- Money or property that was inherited, willed or given as a gift.
- Life insurance proceeds received as a result of someone's death
- Various types of Social Security

Adjustments to Income

- The following items may be deducted from gross income as noted on IRS Form 1040:
- Educator expenses – use 2 year avg. if there is a history, if not, last 12 months projected forward
- Certain business expenses of reservists etc. – use 2 year avg. if there is 2 year history, if not - last 12 months projected forward
- Health Savings Account deduction (attach form 8889) – use current deduction but must have at least a 6 month history to take the deduction
- Moving Expenses (note: generally not projectable)
- One half self employment tax (attach Schedule SE)

Adjustments to Income (continued)

- Contributions to Self Employed SEP, SIMPLE, and Qualified plans
- Self-employed health insurance (use 12 month history and project forward)
- Penalty on early withdrawal of savings (generally not projectable)
- Alimony paid (provide divorce decree and proof of payment) – project current forward
- IRA deduction, must have current proof of deduction lesser of: 12 month history projected forward over 12 months, or current amount deducted projected over 12 months
- Student loan interest deduction use past 12 months and project forward
- Tuition and fees deduction (proof of enrollment in school, use 12 month history and project forward)
- Domestic productions activities deduction – use 12 month history and project forward

Adjustments to Income (continued)

- These deductions can only be taken if there is a reasonable basis to project the expense over the next 12 months.
- If the applicants are already under the income limit (80% AMI for HOME and CDBG, or 120% AMI under NSP), then there is no need to take these deductions into account.
- If the applicants exceed the income limits, then these adjustments can be considered to qualify the applicants for assistance.

VERIFICATION OF INCOME

- The Third Party Verification (TPV) process requires that a MSHDA Grantee contact a third party (e.g., employer, financial institution,etc.) to obtain information to verify income and/or assets.
- HUD requires TPVs because they provide independent verification of information and permit Grantees to determine if any changes to current circumstances are anticipated.

Hierarchy of Preferred Verification Methods

- Gross income must be verified using the following hierarchy of TPV verification:

1. Up-front income verification (UIV)
2. Third party verification, written
3. Third party verification, verbal
4. Review of original documents (Applicant Supplied Documents)
5. Family certification (notarized statement)

Method 1. Up-Front Income Verification (UIV)

- Up-front income verification (UIV) is the verification through an independent source
- Maintain income information in computerized form for large number of individuals.
- Private sector databases. MSHDA recommends using “The Work Number” who provides automated employment and income verifications.
- **The Work Number** has a “Standard Service” which will provide, at no fee, a faxed income verification within five (5) business days. Grantee may access register at www.theworknumber.com or (800) 660-3399.

Method 2. Third Party Verification – Written

- TPV is used to verify information directly from the source and must be requested by the Grantee
- Multiple forms may be needed to accommodate several sources.
- <u>Mailed verifications</u> – When possible include the envelope as proof that the verification was received from the TPV source.
- <u>Faxed verifications</u> must identify the source's name encoded on the faxed documents or the cover sheet showing the source's name must be stapled to the document.
- <u>E-mail verifications</u> must identify the source's name or notate, date and sign on the form that the verification came from source by e-mail.

Third Party Verification – Written (cont.)

- TPV written would not be required in the following cases:
- <u>Fee Requests from TPV Source</u>. MSHDA does not require Grantee or applicants to pay a fee for verifications to the TPV source. Go to the next level of TPV hierarchy.
- <u>Letters of Refusal to Provide Verification from TPV Source</u>. When a TPV source refuses to provide requested information, the letter of refusal will be retained in the project file. This will allow the Grantee to move to the next level of TPV hierarchy.

Method 3. Third Party Verification – Verbal

- If an UIV and written TPV are not obtained, Grantee must <u>initiate</u> verbal contact with the source identified on the Checklist (i.e. supervisor, personnel department, etc.) to obtain the necessary verification.
- The name of contact person, required income data (including overtime, premium and pay increases), and date and time of contact must be included in the file documentation. The Grantee must sign the verbal contact notes.

Method 4. Original Documents Provided by Family in Lieu of TPV

- If an UIV, written TPV, and verbal TPV are not obtained, the Grantee must review original documents provided by the family as verification of income and assets.
- Original and authentic verification documents are preferred. Grantee may photocopy to retain for project file and return originals to applicant.
- Refer to the “Level of Verifications Chart” in Attachments section of this Guidebook for acceptable applicant-provided documents.

Method 5. Family Certification (Notarized Statement)

- Family certification is a notarized statement signed under penalty of perjury in the presence of a witness. Grantee may accept a notarized statement or affidavit from the family that declares the family’s total monthly or annual income and assets verification.
- ***This method should only be used when <u>no</u> other verification method is possible.***

Use of Income Tax Returns

- A signed copy of the most recent complete federal tax returns must be provided for all applicants, spouse, and other adult household members
- Sign copy of IRS form 4506 “Request for Copy of Tax Return” also is required for MSHDA audit purposes

Use of Income Tax Returns (cont)

- Two years tax returns must be provided for all self employed individuals.
- If an applicant or other adult household member was not required to file a tax return, MSHDA will accept a notarized affidavit stating the same.
- Tax returns is only partial basis of income determination – proof of current income projected forward is primary basis

DETERMINATION OF LIQUID ASSETS

- All OCD-funded Acquisition Development Resale (ADR) homebuyers are eligible for a homebuyer subsidy of 20% of the appraised value of the home, up to a maximum subsidy of $30,000.
- If more than 20% subsidy is needed, a homebuyer is required to invest liquid assets over $20,000.

Liquid Assets include:

- Cash, Savings accounts; Checking accounts; Certificates of deposit;
- Savings amount for an Individual Development Account (IDA);
- Total balance of any joint accounts;
- Money market or mutual fund accounts;
- In trust for accounts – providing the amount is accessible;
- Any other bank accounts; Any stock or bonds;
- Funds from gift letters;
- Any funds derived or to be derived from the sale of real property, any mobile home or other property prior to loan closing. Documentation showing net proceeds from any such sale is required;
- Amount used or borrowed from a life insurance policy, IRA or 401k (less penalty) but not including the undistributed amounts; and
- Equity in any real property.

Liquid Assets Example:

- **Example 1**: Mary wants to buy an ADR home which has an appraised value of $100,000. She is eligible for a homebuyer subsidy of $20,000 (20% of $100,000). However, Mary only qualifies for a mortgage totaling $75,000. Mary has $25,000 in liquid assets. Mary must apply $5,000 of the excess liquid assets to the purchase of her home.

RECORDS AND SUBMISSION REQUIREMENTS

- Authorization for Release Of Information
- Household Income Verification Form for homebuyer program
- Income Verification Cover Sheet (for each adult non-student)
- School Verification Form(s) – if applicable*
- One year or two yrs. tax return for each adult household
- Signed “Request for Copy of Tax Return”s
- Declaration Of Section 214 Status*
- Completed VOEs or other documentation for all income
- Family Composition form*
- Homebuyer Program Checklist

Submitting Income Documentation to MSHDA

- All Grantees must submit hard copies of the income files to be reviewed by their CD Specialist when:
- Gross annual income falls within $5,000 or 10% of the upper income limit for an OCD program, or
- Applicant is self-employed.
- For all other applicants, all documentation and worksheets to be kept in the project file to be reviewed on-site by the CDS during a monitoring visit.

QUESTIONS???

- For more information see OCD Policy bulletin #11 and 11B on Web-site
- Contact your CD specialist
- Bill Parker, Director of Field Services
- 517-373-1462 parkerw@michigan.gov

(see sample package)

Sample

HOUSEHOLD INCOME VERIFICATION FORM
FOR MSHDA OCD HOMEBUYER PROGRAM

(IRS 1040 method)

Date	08/11/09

Applicant	Bob and sally Green
Address	312 Center St., Mason MI 48854

Household Size	2
Income Limit	$42,900

Income and Deductions projected over 12 months for each (non-student) household member

	Family member name:	Bob	Sally	c	d	Total
1	Wages and salary	$8,840	$6,240			$15,080
2	Taxable interest	$240				$240
3	Dividend income					$0
4	Taxable refunds/ credits/offsets of state/ local income taxes					$0
5	Alimony received					$0
6	Business income (or loss)					$0
7	Capital gain (or loss)					$0
8	Other gains (or losses)					$0
9	Taxable amount of IRA distributions					$0
10	Taxable amount of pensions and annuities	$9,600				$9,600
11	Rental real estate, royalties, partnerships, trusts, etc.					$0
12	Farm income (or loss)					$0
13	Unemployment compensation					$0
14	Taxable amount of Social Security benefits					$0
15	Other income					$0
15A	**Total Income**	**$18,680**	**$6,240**	**$0**	**$0**	**$24,920**

	DEDUCTIONS					
16	Educator Expenses					$0
17	Business Expenses of Reservists, Performing Arts etc.					$0
18	Health Savings Deductions					$0
19	Moving Expenses					$0
20	One-half self employment tax					$0
21	Self-Employed SEP, Simple					$0
22	Self-employed health insurance					$0
23	Penalty on early withdrawl of savings					$0
24	Alimony paid					$0
25	IRA deduction					$0
26	Student Loan interest deduction					$0
27	Tuition and Fees Deduction					$0
28	Domestic Production Activities deduction					$0
29	**Add lines 16-28**	**$0**	**$0**	**$0**	**$0**	**$0**
30	**Adjusted Gross Income Subtract Line 29 from line 15A**	**$18,680**	**$6,240**	**$0**	**$0**	

TOTAL HOUSEHOLD ADJUSTED GROSS INCOME, Line 30 for HH members a thru d		**$24,920**

I/We certify that the above numbers accurately reports the income of all adult members in my/our household.

Signature (head of household)

Signature spouse of head of household (if applicable)

Sample

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MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

FAMILY COMPOSITION

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Name: Bob Green		Home Telephone Number: 517-676-0250
Unit Address: 312 Center St.	City, State, ZIP Code: Mason, MI 48854	Work Telephone Number: 517-676-2987
Mailing Address:	City, State, ZIP Code:	Message Telephone Number:

List yourself and all other persons who will live in the unit:

Name	Social Security # (if no SS# use Alien Registration Number)	Relationship to Head of Household	Student? Yes/No	Birth Date	Age	Sex M/F	Disabled? Yes/No	Hispanic or Latino? Yes/No	*Race Code #'s	US Citizen? Yes/No
Bob Green	123-45-6789	Head of Household	n	05/05/1945	64	m	n	n	11	y
Sally Green	234-56-7891	Spouse	n	03/14/1945	64	f	n	n	11	y

***Race Code #'s (enter one or more):**
11 – White; 12 – Black/African American; 13 – Asian; 14 – American Indian or Alaska Native; 15 – Native Hawaiian orOther Pacific Islander; 16 – American Indian or Alaska Native AND White; 17 – Asian AND White; 18 – Black or African American AND White; 19 – American Indian or Alaska Native AND Black or African American; 20 – Other Multi-Racial

If there are new births, please send a copy of proof of birth and social security card. Head of Household — Please complete the following section (for statistical purposes only):

Enter Code #: 1

Marital Status
1. Married
2. Single
3. Widowed
4. Divorced
5. Separated

I certify that only the people listed above will occupy the unit.

Bob Green — Signature of Head of Household

7/1/09 — Date

Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services?

☒ No ☐ Yes [List specific accommodation(s) required]

After completing this form, please return to:

Ingham County Housing Commission
3882 Dobie Road
Okemos, MI 48864
Attn: Bruce Johnston

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

Sample

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MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

DECLARATION OF SECTION 214 STATUS

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

1. ☒ I am a citizen by birth, a naturalized citizen or a national of the United States; or
2. ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
3. ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach U.S. Citizenship and Immigration Services (USCIS) (formerly INS) document(s) evidencing eligible immigration status and signed verification consent form.
   - a. ☐ Immigrant status under § 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
   - b. ☐ Permanent residence under §249 of INA, see instruction #3; or
   - c. ☐ Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
   - d. ☐ Parole status under §212(d)(5) of the INA, see instruction #5; or
   - e. ☐ Threat to life or freedom under §243(h) of the INA, see instruction #6; or
   - f. ☐ Amnesty under §245A of the INA, see instruction #7.

NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.

List all Family Members:

Parent or Guardian must sign <u>their own name</u> for family member(s) under 18 years of age. (DO NOT sign child's name)

Bob A. Green First, Middle Initial, Last Name (Head of Household)	Bob A. Green Signature of Head of Household	7/1/09 Date
Sally B. Green First, Middle Initial, Last Name	Sally B. Green Signature of Adult Family Member	7/1/09 Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date
First, Middle Initial, Last Name	Signature of Adult Family Member	Date

Return completed form to:

Ingham County Housing Commission
3882 Dobie Road
Okemos, MI 48864
Attn: Bruce Johnston

FOR MSHDA USE ONLY

Enter USCIS/SAVE Primary Verification #: ____________
Date: ____________

MSHDA-OCD-214 (05.01.09)

(see page 2 for footnotes and instructions)

Sample

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

MSHDA
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AUTHORIZATION FOR RELEASE OF INFORMATION AND PRIVACY ACT NOTICE

**Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.
Failure to comply will result in denial of benefits.**

The undersigned authorize the Michigan State Housing Development Authority (MSHDA) and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the CDBG, HOME and/or MSHDA Housing Resource Fund (HRF) Programs, including authorization to obtain a consumers credit report.

This includes the Social Security Administration (SSA), U.S. Citizenship and Immigration Services (USCIS), and the State of Michigan Department of Human Services (DHS) programs. MSHDA may use this Authorization and the information obtained with it, to administer and enforce program rules and policies.

The undersigned certify that the information given to MSHDA on household members, income, net family assets, allowances, and deductions is accurate.

I understand that false statements or information are punishable by imprisonment for up to 10 years or by a fine of up to $5,000 and grounds for termination of housing assistance under State and Federal Law.

PRIVACY ACT NOTICE STATEMENT: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THIS INFORMATION TO DETERMINE AN APPLICANT'S ELIGIBILITY AND THE AMOUNT OF ASSISTANCE NECESSARY. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT, TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. HUD IS AUTHORIZED TO ASK FOR THIS INFORMATION BY THE NATIONAL AFFORDABLE HOUSING ACT OF 1990.

I ACKNOWLEDGE THAT (1) A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL, (2) I HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY CHOOSING TO ACCOMPANY ME), (3) I HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I BELIEVE INACCURATE.

ALL ADULT HOUSEHOLD MEMBERS WILL SIGN THIS FORM AND COOPERATE IN THIS PROCESS.

I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 15 months from the date signed.

Bob Green	123-45-6789	7/1/09
Signature of Head of Household	Social Security Number	Date
Sally Green	234-56-7891	7/1/09
Signature of Spouse	Social Security Number	Date
Other Adult Signature (if applicable)	Social Security Number	Date
Other Adult Signature (if applicable)	Social Security Number	Date
Other Adult Signature (if applicable)	Social Security Number	Date

Return completed form to:

Ingham County Housing Commission
3882 Dobie Road
Okemos, MI 48864
Attn: Bruce Johnston

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

Sample

INCOME VERIFICATION COVER SHEET 1040

(please attach verifications and federal tax return(s))

Applicant's Name: Bob Green

Household Member Name: Bob Green

Yes I have income from the following sources: Enter amount in appropriate boxes ($0 if none)

INCOME SOURCE	ANNUAL AMT	VERIFICATION
1. Wages and salary	$8,840	current checkstub(s) & VOE
2. Taxable interest	$240	current bank statements
3. Dividend income		current statements
4. Taxable refunds, credits/offsets of state/ local income taxes		tax returns (1099 G)
5. Alimony received		legal documents (copy of checks)
6. Business income (or loss)		2 years tax returns
7. Capital gain (or loss)		2 years tax returns (1099B)
8. Other gains (or losses)		tax returns
9. Taxable amount of IRA distributions		1099 R & interim IRA statements
10. Taxable amount of pensions and annuities	$9,600	interim (usually monthly) statements
11. Rental real estate, royalties, partnerships, trusts, etc.		2 years tax returns
12. Farm income (or loss)		2 years tax returns
13. Unemployment compensation		1099 G & interim statements
14. Taxable amount of Social Security benefits		VOE from Soc. Sec. Admin., "Social Security Benefits Worksheet" to compute the taxable amount
15. Other income		gambling winnings, taxable distribution from educational and health savings plans, taxable scholarships, prizes and awards
TOTAL INCOME	**$18,680**	

Yes I have income deduction from the following sources: Enter amount in appropriate boxes ($0 if none)

DEDUCTION TYPE	ANNUAL AMT	DOCUMENTATION
16. Educator Expenses		tax returns and other documentation
17. Business Expense of Reservist, Performing Arts etc.		tax returns and other documentation
18. Health savings Deductions		tax returns and other documentation
19. Moving Expenses		tax returns and other documentation
20. One-half self employment tax		tax returns and other documentation
21. Self-Employed SEP, Simple		tax returns and other documentation
22. Self-employed health insurance		tax returns and other documentation
23. Penalty on early withdrawl of savings		tax returns and other documentation
24. alimony paid		tax returns and other documentation
25. IRA deduction		tax returns and other documentation
26. Student Loan interest deduction		tax returns and other documentation
27. Tuition and Fees Deduction		tax returns and other documentation
28. Domestic Production Activities deduction		tax returns and other documentation
TOTAL DEDUCTIONS	**$0**	

PROJECTED ADJUSTED GROSS INCOME	**$18,680**	

I certify that the above numbers reflect my projected income over the next 12 months reportable on IRS 1040 tax returns

Bob Green

Signature (Adult Household Member)

7/1/2009

Date

Sample

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EQUAL HOUSING OPPORTUNITY

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

CHECKLIST FOR HOMEBUYER PROGRAMS

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked **YES**. Provide address, phone number, fax number, and additional information for **all yes** answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

NOTE: MSHDA has cooperative agreements with agencies to use up-front income verification (UIV) to obtain and clarify income. MSHDA will receive information on wages, unemployment compensation and other income information through a computer matching operation.

Household Member Name:	Head of Household:	
Bob Green	**Bob Green**	
	Address: **312 Center St.**	City: **Mason, MI 48854**

Each item must be fully completed. Please print clearly using black or blue ink.

Section A – Income

	Yes	No	
A-1	☐	☒	I am self-employed. If yes, describe ________
A-2	☒	☐	I earned $ 8,840 in the last 12 months.

I have 1 (enter #) job(s) and receive money/wages. (List each job separately)

	1)	2)
Name of Employer:	Wendy's	
Street Address:	439 N. Cedar	
City, State, ZIP:	Mason, Mi 48854	
E-mail address:		
Contact Person:	David Thompson	
Telephone:	517-676-2987	
Fax#:	517-676-2977	
The Work Number Pay Code #:		

If more than two jobs provide additional information on a separate sheet.

	Yes	No	
A-3	☐	☒	I receive tips. If yes, in the amount of $________ per week.
A-4	☐	☒	I am unemployed. If yes, I have been unemployed since ________ (date).
A-5	☐	☒	I receive unemployment benefits. If yes, I have been receiving benefits since ________ (date).
A-6			OMITTED INTENTIONALLY
A-7	☐	☒	I receive periodic payments from Workers' Compensation. If yes, Amount $________
A-8	☐	☒	I receive military active duty allotments. If yes, Amount $________
A-9			OMITTED INTENTIONALLY
A-10	☐	☒	I receive Social Security. If yes, Amount $________
A-11			
A-12	☒	☐	I receive periodic payments from retirement funds or pensions. If yes, how many? ____

Source Name: Dart Container
Street Address: 500 Hogsback Rd.
City, State, ZIP: Mason, Mi 48854
E-mail address: jack-b@dart.biz
Amount: $ 800 per month

Contact Person: Jack Brown
Telephone: 517-676-3888
Fax#: 517-676-3999
Account #:

If received from more than one source, provide additional information on a separate sheet.

	Yes	No	
A-13	☐	☒	I receive disability or death benefits **other than Social Security**.

If yes, from how many sources? ________ (List each source separately)

Source Name: ________
Street Address: ________
City, State, ZIP: ________
E-mail address: ________

Contact Person:
Telephone: ________
Fax#: ________
Account #: ________

If received from more than one source provide additional information on a separate sheet.

MSHDA-OCD-HB-1792 (09.01.09)

CHECKLIST (continued)

	Yes	No	
A-14			OMITTED INTENTIONALLY
A-15			OMITTED INTENTIONALLY
A-16			OMITTED INTENTIONALLY
A-17			OMITTED INTENTIONALLY
A-18	☐	☒	I receive alimony.

From how many Friend of the Court(s) do you receive alimony? _______

If yes, from how many persons do you receive alimony? ________

If yes, is alimony paid directly to Department of Human Services (DHS)? Yes No

If not paid directly to DHS:

Friend of the Court Name: ____________________ Contact Person: ____________________

Street Address: ____________________ Telephone: ____________________

City, State, ZIP: ____________________ Fax#: ____________________

E-mail address: ____________________

Amount: $ __________ per __________ PIN#: ____________________

If received from more than one Friend of the Court, provide additional information on a separate sheet.

A-19 ☐ ☒ I receive adoption assistance payments. If yes, how many sources? ______

Source Name: ____________________ Contact Person: ____________________

Street Address: ____________________ Telephone: ____________________

City, State, ZIP: ____________________ Fax#: ____________________

E-mail address: ____________________

Amount: $ __________ per __________

If received from more than one source provide additional information on a separate sheet.

A-20 ☐ ☒ I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? _____

Source Name: ____________________ Contact Person: ____________________

Street Address: ____________________ Telephone: ____________________

City, State, ZIP: ____________________ Fax#: ____________________

E-mail address: ____________________ Account #: ____________________

Amount: $ __________ per __________

If received from more than one source provide additional information on a separate sheet.

A-21 ☐ ☒ I receive periodic payments from insurance policies. If yes, how many sources? _____

Source Name: ____________________ Contact Person: ____________________

Street Address: ____________________ Telephone: ____________________

City, State, ZIP: ____________________ Fax#: ____________________

E-mail address: ____________________ Account #: ____________________

Amount: $ __________ per __________

If received from more than one source provide additional information on a separate sheet.

A-22 ☐ ☒ I receive periodic payments from lottery winnings.

Source Name: ____________________ Contact Person: ____________________

Street Address: ____________________ Telephone: ____________________

City, State, ZIP: ____________________ Fax#: ____________________

E-mail address: ____________________

Amount: $ __________ per __________

If received from more than one source, provide additional information on a separate sheet.

A-23 ☐ ☒ I am a full-time student.

Name of School: ____________________ Contact Person: ____________________

Street Address: ____________________ Telephone: ____________________

City, State, ZIP: ____________________ Fax#: ____________________

E-mail address: ____________________ Number of Credit Hours Enrolled: ________

If attending more than one school, provide additional information on a separate sheet.

A-24 OMITTED INTENTIONALLY

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

	Yes	No	
A-25			OMITTED INTENTIONALLY
A-26			OMITTED INTENTIONALLY

Section B – Assets

	Yes	No	
B-1	☒	☐	I have the following accounts [check which one(s)]: ☒ Savings ☒ Checking ☐ IRA's or Keogh ☐ Other ______

How many banks, credit unions, savings and loans, etc. do you have accounts with? ______ (List each separately)

	1)	2)
Name of bank:	Mason Bank	
Street Address:	138 First St.	
City, State, ZIP:	Mason, Mi 48854	
E-mail address:		
Contact Person:	John Alward	
Telephone:	517-676-2626	
Fax#:	517-676-3737	
Account Number:	276052-01 276052-02	

If more than two financial institutions, provide additional information on a separate sheet.

	Yes	No	
B-2	☐	☒	I own real estate. Describe: ______
B-3			OMITTED INTENTIONALLY
B-4			OMITTED INTENTIONALLY
B-5	☐	☒	I receive income from real estate (i.e., rental property, lands contract, etc.) or personal property. Describe: ______
B-6			OMITTED INTENTIONALLY
B-7			OMITTED INTENTIONALLY
B-8	☐	☒	I have Treasury Bills, Stocks or Bonds. Check which one(s): Treasury Bills Stocks Bonds

How many do you have? ______ (List each separately)

	1)	2)
Name of each source:		
Street Address:		
City, State, ZIP:		
E-mail address:		
Contact Person:		
Telephone:		
Fax#:		
Account #:		

If more than two, provide additional information on a separate sheet.

	Yes	No	
B-9			OMITTED INTENTIONALLY
B-10			OMITTED INTENTIONALLY
B-11	☐	☒	I have income/assets from sources **other** than those listed above. Describe: ______

Source Name: ______
Street Address: ______ Telephone: ______
City, State, ZIP: ______ Fax#: ______

If received from more than one source, provide additional information on a separate sheet.

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

	Yes	No	
B-12			OMITTED INTENTIONALLY

Section C – Rental Rehabilitation

	Yes	No	
C-1			OMITTED INTENTIONALLY

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household.

	Yes	No	
C-2			OMITTED INTENTIONALLY

Please return to:

Ingham County Housing Commission
3882 Dobie Road
Okemos, MI 48864
Attn: Bruce Johnston

Certification:
I certify to the best of my knowledge that all statements are true. I understand that providing false information will result in denial or termination of benefits.

Bob Green 7/1/09

Signature Date

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

Sample

MSHDA
EQUAL HOUSING OPPORTUNITY

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

VERIFICATION OF EARNINGS

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Section A

County: **Ingham**	Name of person holding the job: **Bob Green**
Name of Head of Household: **Bob Green**	Social Security Number of person holding the job: **123-45-6789**
Address: **312 Center St.**	Do you receive tips? Yes No If so, how much per week? $ **NOTE**: If tips are received directly, a notarized statement must be provided.
City, State, ZIP Code: **Mason MI 48854**	

You are authorized to release information requested by MSHDA.

Bob Green — Signature of person holding the job

7/1/2009 — Date

STOP HERE *Please complete Section A and return to address below.*

Section B - To be completed by Employer:

Please provide the information requested so we can quickly determine eligibility.

Please complete and return as soon as possible or within 14 days.

Employee's name as it appears on your records: Bob Green		Employee's title, position or work: Cashier	
Are earnings from a Title IV work-study program? Yes No		Are earnings from a Title IV or Title V Program? Yes No	
Are earnings from an economic or self-sufficiency job training program? Yes No			
Original date of employment: 02-07-2008	Date rehired or recalled to work:	Termination date:	
Current average number of hours per week: 20	Straight time hours: 20	Overtime hours (if applicable): 0	Overtime is paid at the rate of: $ NA
If seasonal or occasional employment, give lay-off periods:			
Current rate of pay: $ 8.50 Per: hour	Effective date: 06-02-09	New rate of pay: $ NA Per:	Effective date:
Amount of tips, incentive pay, bonus, or commissions: $ NA	Per (weekly, bi-monthly):		Retirement benefits available? Yes No
Health benefits available? Yes No	Amount deducted for medical/hospital insurance: $		Per (weekly, bi-monthly):
Firm or employer name: Wendy's Old Fashioned Hamburgers	Telephone number: (517) 676-2987		Fax number: ( )
Business address: 439 N. Cedar	City, State, ZIP: Mason, MI	E-mail address:	

I understand that any false pretense, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to $5,000.

David Thompson — Signature of employer or authorized representative

08/11/2009 — Date

Davi Thompson — Typed or printed name of person filling out this form

Manager — Typed or printed title of person filling out this form

Please return completed form to:

Ingham County Housing Commission
3882 Dobie Road
Okemos, MI 48864
Attn; Bruce Johnston

MSHDA GRANTEE USE ONLY
$ ______ X ______ (hrs) X ______ (wks) = ______ (Total)
$ ______ X ______ (hrs) X ______ (wks) = ______ (Total)
$ ______ X ______ (wks) = ______ (Total)
$ ______ X ______ (wks) = ______ (Total)
$ ______ X ______ (months) = ______ (Total)
$ ______ X ______ (months) = ______ (Total)

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

Sample

MSHDA
EQUAL HOUSING OPPORTUNITY

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

VERIFICATION OF SOCIAL SECURITY AND FEDERAL SUPPLEMENTAL SECURITY INCOME (SSI)

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Section A

Please complete Section A and return to address below.

Name of Head of Household: **Bob Green**	County: **Ingham**
Address: **312 Center St.**	City, State, ZIP Code: **Mason, MI 48854**
Recipient Name: **Sally Green**	Recipient Social Security Number: **234-56-7891**

I am authorizing the Social Security Administration to release information, deemed necessary to complete my application for or continue my participation in Michigan State Housing Development Authority (MSHDA) programs.

Sally Green
Recipient Signature

7/1/2009
Date

STOP HERE *Please complete Section A and return to address below.*

Section B - To be completed by Social Security Administration:

Please provide the information requested below or attach a printout so we can quickly determine eligibility.

Please complete and return as soon as possible or within 14 days.

Recipient's name as it appears on your records: Sally Green

Gross Social Security amount: $ 550 per month

Recipient Paid Medicare Deduction amount: $ 30 per month

Federal Supplemental Security Income (SSI) amount: $

Sarah Cross
Typed or printed name of person filling out this form

Claims Worker
Typed or printed title of person filling out this form

Sarah Cross
Signature

8/10/09
Date

517-288-0444
Phone Number

MSHDA USE ONLY

$ ______ X ______ = ______
Social Security amount | Months | Total

$ ______ X ______ = ______
Federal SSI amount | Months | Total

$ ______ X ______ = ______
Recipient Paid Medicare deduction | Months | Total

Please return completed form to:

Ingham County Housing Commission
3882 Dobie Road
Okemos, MI 48864
Attn; Bruce Johnston

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

Sample

MSHDA
EQUAL HOUSING OPPORTUNITY

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

VERIFICATION OF PENSION OR OTHER INCOME

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Section A

County: **Ingham**	Name of Head of Household: **Bob Green**	
Information for person receiving pension or other income:		
Name: **Bob Green**	Social security number: **123-45-6789**	ID#:
Address: **312 Center St.**	City, State, ZIP Code: **Mason, MI 48854**	

I authorize the release of information concerning my pension or other income.

Bob Green — Signature of person receiving pension or other income

7/1/2009 — Date

STOP HERE *Please complete Section A and return to address below.*

Section B - To be completed by office paying pension or other income:

Please provide the information requested so we can quickly determine eligibility.

Please complete and return as soon as possible or within 14 days.

Current gross monthly amount of Pension: $ 800 per month

Deductions for gross medical insurance premium: $ — per

Other income, specify:

Current gross monthly amount of other income (ie, recurring cash contributions): $ per

Other deductions, specify: $ per

Date of initial award: 2/1/2007

Effective date of current amount: 8/1/2009

Agency name: Dart Container Corp.	Address: 500 Hogsback Rd., Mason Mi 48854

Name of person completing this form: Jack Brown	Telephone number: (517) 676-3888	Fax number: (517) 676-3999
Title: Human Resource Specialist	E-mail address: jackb@dart.biz	
Signature of person completing this form: Jack Brown		Date: 8/12/09

MSHDA USE ONLY

$ ______ X ______ (wks) = ______ (Total)
$ ______ X ______ (months) = ______ (Total)
$ ______ (year) = ______ (Total)

Please return completed form to:

Ingham County Housing Commission
3882 Dobie Road
Okemos, MI 48864
Attn; Bruce Johnston

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

Sample

MSHDA
EQUAL HOUSING OPPORTUNITY

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

VERIFICATION OF RESOURCES

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

SECTION A

Please complete Section A and return to address below. MSHDA will forward to your Financial Institution.

Head of Household **Bob Green**	Account Holder Name: **Bob Green**	Account Holder Social Security No.: **123-45-6789**
Account Holder Address: **312 Center St.**	City, State, ZIP Code: **Mason, MI 48854**	County: **Ingham**

I have assets such as checking, savings or credit union accounts, stocks or bonds, mutual funds, etc.

By my signature below, I authorize my bank or financial institution to release the information requested in Section B.

Bob Green — Signature of Account Holder

7/1/09 — Date Signed

STOP HERE *Please complete Section A and return to address below.*

SECTION B - To be completed by Bank or Financial Institution:

Please provide the information requested by the Michigan State Housing Development Authority (MSHDA) so we can quickly determine eligibility. It is necessary to verify resources held presently or within the past year (including closed accounts) for the person named above, either individually or jointly with another person(s).

Please complete and return as soon as possible or within 14 days.

Bank Name: Mason Bank	Phone: 517-676-2626
Bank Address: 138 First St.	FAX: 517-676-3737
City: Mason	State: Mi	ZIP Code: 48854

Account History: (Accounts held including **checking or draft, savings or share, Certificate of Deposit, IRA/Keogh, Prepaid Burial, mutual funds, etc.**)

Type of Accounts Held	Account Number	Date of Last Withdrawal	Amount of Last Withdrawal	Present Balance	Average Balance (Past 6 months) **Checking Only**	Interest Rate %	Early Withdrawal Penalty Amount
Checking	276052-01	7/12/09	$200.00		1,200.00	NA	
Savings	276052-02	6/30/09	$300.00	12,300.00		2%	NA

For each joint account, list the account number and person(s) on the account:

I understand that any false pretense, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article, or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to $5,000.

John Alward — Bank or Financial Institution Signature

7/11/09 — Date Signed

John Alward — Typed or printed name of person filling out this form

Vice-President — Typed or printed title of person filling out this form

MSHDA USE ONLY

Present Balance (6-month average for checking accounts)	(Minus Penalty	= Cash Value)		Percentage Rate		Annual Income
$ ______			X	______	% = $	______
$ ______			X	______	% = $	______
$ ______			X	______	% = $	______
$ ______			X	______	% = $	______
$ ______	($ ______	$ ______)	X	______	% = $	______
$ ______	($ ______	$ ______)	X	______	% = $	______

Return completed form to:

Ingham County Housing Comission
3882 Dobie Road
Okemos, MI 48864
Attn: Bruce Johnston

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

MSHDA
EQUAL HOUSING OPPORTUNITY

Sample

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

CHECKLIST FOR HOMEBUYER PROGRAMS

Complete a separate form for each household member who is age 18 or older, and be prepared to provide ORIGINAL verification (not photocopies) for items checked **YES**. Provide address, phone number, fax number, and additional information for **all yes** answers as requested. Complete in ink, initial any/all changes. Failure to comply could result in the denial/termination of assistance.

NOTE: MSHDA has cooperative agreements with agencies to use up-front income verification (UIV) to obtain and clarify income. MSHDA will receive information on wages, unemployment compensation and other income information through a computer matching operation.

Household Member Name:	Head of Household:	
Sally Green	**Bob Green**	
	Address: **312 Center St.,**	City: **Mason, MI 48854**

Each item must be fully completed. Please print clearly using black or blue ink.

Section A – Income

	Yes	No	
A-1	☐	☒	I am self-employed. If yes, describe ______.
A-2	☒	☐	I earned $ 6,240 in the last 12 months.

I have 1 (enter #) job(s) and receive money/wages. (List each job separately)

	1)	2)
Name of Employer:	Mason Public Schools	
Street Address:	135 E. Main St.	
City, State, ZIP:	Mason, Mi 48854	
E-mail address:		
Contact Person:	Terri Kramer	
Telephone:	517-676-0405	
Fax#:	517-676-0607	
The Work Number Pay Code #:		

If more than two jobs provide additional information on a separate sheet.

	Yes	No	
A-3	☐	☒	I receive tips. If yes, in the amount of $______ per week.
A-4	☐	☒	I am unemployed. If yes, I have been unemployed since ______ (date).
A-5	☐	☒	I receive unemployment benefits. If yes, I have been receiving benefits since ______ (date).
A-6			OMITTED INTENTIONALLY
A-7	☐	☒	I receive periodic payments from Workers' Compensation. If yes, Amount $______
A-8	☐	☒	I receive military active duty allotments. If yes, Amount $______
A-9			OMITTED INTENTIONALLY
A-10	☒	☐	I receive Social Security. If yes, Amount $ 6,600.00 yr.
A-11			
A-12	☐	☒	I receive periodic payments from retirement funds or pensions. If yes, how many? ______

Source Name: ______ Contact Person: ______
Street Address: ______ Telephone: ______
City, State, ZIP: ______ Fax#: ______
E-mail address: ______ Account #: ______
Amount: $ ______ per ______

If received from more than one source, provide additional information on a separate sheet.

	Yes	No	
A-13	☐	☒	I receive disability or death benefits **other than Social Security**.

If yes, from how many sources? ______ (List each source separately)

Source Name: ______ Contact Person:
Street Address: ______ Telephone: ______
City, State, ZIP: ______ Fax#: ______
E-mail address: ______ Account #: ______

If received from more than one source provide additional information on a separate sheet.

MSHDA-OCD-HB-1792 (09.01.09)

Yes No

A-14 OMITTED INTENTIONALLY

A-15 OMITTED INTENTIONALLY

A-16 OMITTED INTENTIONALLY

A-17 OMITTED INTENTIONALLY

A-18 ☐ ☒ I receive alimony.
If yes, from how many persons do you receive alimony? ________
From how many Friend of the Court(s) do you receive alimony? _______
If yes, is alimony paid directly to Department of Human Services (DHS)? Yes No
If not paid directly to DHS:

Friend of the Court Name: ____________ Contact Person: ____________
Street Address: ____________ Telephone: ____________
City, State, ZIP: ____________ Fax#: ____________
E-mail address: ____________
Amount: $ ________ per ________ PIN#: ____________

If received from more than one Friend of the Court, provide additional information on a separate sheet.

A-19 ☐ ☒ I receive adoption assistance payments. If yes, how many sources? _______

Source Name: ____________ Contact Person: ____________
Street Address: ____________ Telephone: ____________
City, State, ZIP: ____________ Fax#: ____________
E-mail address: ____________
Amount: $ ________ per ________

If received from more than one source provide additional information on a separate sheet.

A-20 ☐ ☒ I receive periodic payments from a trust, annuity or inheritance. If yes, how many sources? _____

Source Name: ____________ Contact Person: ____________
Street Address: ____________ Telephone: ____________
City, State, ZIP: ____________ Fax#: ____________
E-mail address: ____________ Account #: ____________
Amount: $ ________ per ________

If received from more than one source provide additional information on a separate sheet.

A-21 ☐ ☒ I receive periodic payments from insurance policies. If yes, how many sources? _____

Source Name: ____________ Contact Person: ____________
Street Address: ____________ Telephone: ____________
City, State, ZIP: ____________ Fax#: ____________
E-mail address: ____________ Account #: ____________
Amount: $ ________ per ________

If received from more than one source provide additional information on a separate sheet.

A-22 ☐ ☒ I receive periodic payments from lottery winnings.

Source Name: ____________ Contact Person: ____________
Street Address: ____________ Telephone: ____________
City, State, ZIP: ____________ Fax#: ____________
E-mail address: ____________
Amount: $ ________ per ________

If received from more than one source, provide additional information on a separate sheet.

A-23 ☐ ☒ I am a full-time student.

Name of School: ____________ Contact Person: ____________
Street Address: ____________ Telephone: ____________
City, State, ZIP: ____________ Fax#: ____________
E-mail address: ____________ Number of Credit Hours Enrolled: ________

If attending more than one school, provide additional information on a separate sheet.

A-24 OMITTED INTENTIONALLY

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

	Yes	No	
A-25			OMITTED INTENTIONALLY
A-26			OMITTED INTENTIONALLY

Section B – Assets

	Yes	No	
B-1	☐	☒	I have the following accounts [check which one(s)]: ☐ Savings ☐ Checking ☐ IRA's or Keogh ☐ Other ______ These accounts are joint with Bob Green (Spouse)

* How many banks, credit unions, savings and loans, etc. do you have accounts with? ______ (List each separately)

Name of bank: 1) ______ 2) ______
Street Address: ______ ______
City, State, ZIP: ______ ______
E-mail address: ______ ______
Contact Person: ______ ______
Telephone: ______ ______
Fax#: ______ ______
Account Number: ______ ______

If more than two financial institutions, provide additional information on a separate sheet.

	Yes	No	
B-2	☐	☒	I own real estate. Describe: ______
B-3			OMITTED INTENTIONALLY
B-4			OMITTED INTENTIONALLY
B-5	☐	☒	I receive income from real estate (i.e., rental property, lands contract, etc.) or personal property. Describe: ______
B-6			OMITTED INTENTIONALLY
B-7			OMITTED INTENTIONALLY
B-8	☐	☒	I have Treasury Bills, Stocks or Bonds. Check which one(s): Treasury Bills Stocks Bonds

How many do you have? ______ (List each separately)

Name of each source: 1) ______ 2) ______
Street Address: ______ ______
City, State, ZIP: ______ ______
E-mail address: ______ ______
Contact Person: ______ ______
Telephone: ______ ______
Fax#: ______ ______
Account #: ______ ______

If more than two, provide additional information on a separate sheet.

	Yes	No	
B-9			OMITTED INTENTIONALLY
B-10			OMITTED INTENTIONALLY
B-11	☐	☒	I have income/assets from sources **other** than those listed above. Describe: ______

Source Name: ______
Street Address: ______ Telephone: ______
City, State, ZIP: ______ Fax#: ______

If received from more than one source, provide additional information on a separate sheet.

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household -

	Yes	No	
B-12			OMITTED INTENTIONALLY

Section C – Rental Rehabilitation

	Yes	No	
C-1			OMITTED INTENTIONALLY

To be filled out on Head-of-Household's form only - Leave blank if you are not the Head-of-Household.

	Yes	No	
C-2			OMITTED INTENTIONALLY

Please return to:

Ingham County Housing Commission
3882 Dobie Road
Okemos, MI 48864
Attn: Bruce Johnston

Certification:
I certify to the best of my knowledge that all statements are true. I understand that providing false information will result in denial or termination of benefits.

Sally Green — Signature
7/1/09 — Date

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

Sample

INCOME VERIFICATION COVER SHEET 1040

(please attach verifications and federal tax return(s))

Applicant's Name: Bob Green

Household Member Name: Sally Green (Spouse)

Yes I have income from the following sources: Enter amount in appropriate boxes ($0 if none)

INCOME SOURCE	ANNUAL AMT	VERIFICATION
1. Wages and salary	$6,240	current checkstub(s) & VOE
2. Taxable interest		current bank statements
3. Dividend income		current statements
4. Taxable refunds, credits/offsets of state/ local income taxes		tax returns (1099 G)
5. Alimony received		legal documents (copy of checks)
6. Business income (or loss)		2 years tax returns
7. Capital gain (or loss)		2 years tax returns (1099B)
8. Other gains (or losses)		tax returns
9. Taxable amount of IRA distributions		1099 R & interim IRA statements
10. Taxable amount of pensions and annuities		interim (usually monthly) statements
11. Rental real estate, royalties, partnerships, trusts, etc.		2 years tax returns
12. Farm income (or loss)		2 years tax returns
13. Unemployment compensation		1099 G & interim statements
14. Taxable amount of Social Security benefits		VOE from Soc. Sec. Admin., "Social Security Benefits Worksheet" to compute the taxable amount
15. Other income		gambling winnings, taxable distribution from educational and health savings plans, taxable scholarships, prizes and awards
TOTAL INCOME	$6,240	

Yes I have income deduction from the following sources: Enter amount in appropriate boxes ($0 if none)

DEDUCTION TYPE	ANNUAL AMT	DOCUMENTATION
16. Educator Expenses		tax returns and other documentation
17. Business Expense of Reservist, Performing Arts etc.		tax returns and other documentation
18. Health savings Deductions		tax returns and other documentation
19. Moving Expenses		tax returns and other documentation
20. One-half self employment tax		tax returns and other documentation
21. Self-Employed SEP, Simple		tax returns and other documentation
22. Self-employed health insurance		tax returns and other documentation
23. Penalty on early withdrawl of savings		tax returns and other documentation
24. alimony paid		tax returns and other documentation
25. IRA deduction		tax returns and other documentation
26. Student Loan interest deduction		tax returns and other documentation
27. Tuition and Fees Deduction		tax returns and other documentation
28. Domestic Production Activities deduction		tax returns and other documentation
TOTAL DEDUCTIONS	$0	

PROJECTED ADJUSTED GROSS INCOME	$6,240	

I certify that the above numbers reflect my projected income over the next 12 months reportable on IRS 1040 tax returns

Sally Green   7/1/2009

Signature (Adult Household Member)   Date

Sample

MSHDA
EQUAL HOUSING OPPORTUNITY

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

VERIFICATION OF EARNINGS

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Section A

County: **Ingham**	Name of person holding the job: **Sally Green**
Name of Head of Household: **Bob Green**	Social Security Number of person holding the job: **234-56-7891**
Address: **312 Center St.**	Do you receive tips? Yes No If so, how much per week? $ **NOTE**: If tips are received directly, a notarized statement must be provided.
City, State, ZIP Code: **Mason MI 48854**	

You are authorized to release information requested by MSHDA.

Sally Green — Signature of person holding the job

7/1/2009 — Date

STOP HERE *Please complete Section A and return to address below.*

Section B - To be completed by Employer:

Please provide the information requested so we can quickly determine eligibility.

Please complete and return as soon as possible or within 14 days.

Employee's name as it appears on your records: Sally Green	Employee's title, position or work: Secretary
Are earnings from a Title IV work-study program? Yes No	Are earnings from a Title IV or Title V Program? Yes No

Are earnings from an economic or self-sufficiency job training program? Yes No

Original date of employment: 03-01-2008	Date rehired or recalled to work:	Termination date:

Current average number of hours per week: 12	Straight time hours: 12	Overtime hours (if applicable): NA	Overtime is paid at the rate of: $ NA

If seasonal or occasional employment, give lay-off periods:

Current rate of pay: $ 10.00	Per: hour	Effective date: 03-04-09	New rate of pay: $ NA	Per:	Effective date:

Amount of tips, incentive pay, bonus, or commissions:	$ NA	Per (weekly, bi-monthly):	Retirement benefits available? Yes No
Health benefits available? Yes No	Amount deducted for medical/hospital insurance:	$ NA	Per (weekly, bi-monthly):

Firm or employer name: Mason Public Schools	Telephone number: (517) 676-0405	Fax number: (517) 676-0607
Business address: 135 E. Main St.	City, State, ZIP: Mason, MI 48854	E-mail address:

I understand that any false pretense, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article or other valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to $5,000.

Terri Kramer — Signature of employer or authorized representative

08/11/2009 — Date

Terri Kramer — Typed or printed name of person filling out this form

Assistant Principal — Typed or printed title of person filling out this form

Please return completed form to:

Ingham County Housing Commission
3882 Dobie Road
Okemos, MI 48864
Attn; Bruce Johnston

MSHDA GRANTEE USE ONLY

$ ________ X ______ (hrs) X ________ (wks) = __________ (Total)
$ ________ X ______ (hrs) X ________ (wks) = __________ (Total)
$ ________ X ______ (wks) = __________ (Total)
$ ________ X ______ (wks) = __________ (Total)
$ ________ X ______ (months) = __________ (Total)
$ ________ X ______ (months) = __________ (Total)

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).

Sample

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2008 (99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2008, or other tax year beginning , 2008, ending , 20 OMB No. 1545-0074

Label

(See instructions on page 14.)
Use the IRS label. Otherwise, please print or type.

LABEL HERE

Your first name and initial: Bob	Last name: Green	Your social security number: 123 45 6789
If a joint return, spouse's first name and initial: Sally	Last name: Green	Spouse's social security number: 234 56 7891
Home address (number and street). If you have a P.O. box, see page 14.: 312 Center St.	Apt. no.	▲ You **must** enter your SSN(s) above. ▲
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14.: Mason, Michigan 48854		Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 14) ▶ ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single
2 ☑ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 15.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 16)

Exemptions

6a ☑ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a — Boxes checked on 6a and 6b: 2
b ☑ **Spouse**
c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 17)
			☐
			☐
			☐
			☐

If more than four dependents, see page 17.

No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see page 18)
Dependents on 6c not entered above

d Total number of exemptions claimed — Add numbers on lines above ▶ 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	15080	001
8a	**Taxable** interest. Attach Schedule B if required		8a	250	00
b	**Tax-exempt** interest. **Do not** include on line 8a	8b			
9a	Ordinary dividends. Attach Schedule B if required		9a	0	
b	Qualified dividends (see page 21)	9b			
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)		10		
11	Alimony received		11		
12	Business income or (loss). Attach Schedule C or C-EZ		12		
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13		
14	Other gains or (losses). Attach Form 4797		14		
15a	IRA distributions	15a	15b		
	b Taxable amount (see page 23)				
16a	Pensions and annuities	16a 9600	16b	9600	00
	b Taxable amount (see page 24)				
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17		
18	Farm income or (loss). Attach Schedule F		18		
19	Unemployment compensation		19		
20a	Social security benefits	20a 6600 00	20b	0	00
	b Taxable amount (see page 26)				
21	Other income. List type and amount (see page 28)		21		
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	24930	00

Adjusted Gross Income

23	Educator expenses (see page 28)	23				
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24				
25	Health savings account deduction. Attach Form 8889	25				
26	Moving expenses. Attach Form 3903	26				
27	One-half of self-employment tax. Attach Schedule SE	27				
28	Self-employed SEP, SIMPLE, and qualified plans	28				
29	Self-employed health insurance deduction (see page 29)	29				
30	Penalty on early withdrawal of savings	30				
31a	Alimony paid b Recipient's SSN ▶	31a				
32	IRA deduction (see page 30)	32				
33	Student loan interest deduction (see page 33)	33				
34	Tuition and fees deduction. Attach Form 8917	34				
35	Domestic production activities deduction. Attach Form 8903	35				
36	Add lines 23 through 31a and 32 through 35			36		
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37	24930	00

Sample

Tax and Credits

38	Amount from line 37 (adjusted gross income)			38	24930	00
39a	Check if: ☐ **You** were born before January 2, 1944, ☐ Blind. ☐ **Spouse** was born before January 2, 1944, ☐ Blind. **Total boxes checked ▶ 39a**					
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b ☐					
c	Check if standard deduction includes real estate taxes or disaster loss (see page 34) ▶ 39c ☐					
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)			40	10900	00
41	Subtract line 40 from line 38			41	14030	00
42	If line 38 is over $119,975, or you provided housing to a Midwestern displaced individual, see page 36. Otherwise, multiply $3,500 by the total number of exemptions claimed on line 6d			42	7000	00
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	7030	00
44	**Tax** (see page 36). Check if any tax is from: a ☑ Form(s) 8814 b ☐ Form 4972			44	703	00
45	**Alternative minimum tax** (see page 39). Attach Form 6251			45		
46	Add lines 44 and 45 ▶			46		
47	Foreign tax credit. Attach Form 1116 if required	47				
48	Credit for child and dependent care expenses. Attach Form 2441	48				
49	Credit for the elderly or the disabled. Attach Schedule R	49				
50	Education credits. Attach Form 8863	50				
51	Retirement savings contributions credit. Attach Form 8880	51				
52	Child tax credit (see page 42). Attach Form 8901 if required	52				
53	Credits from Form: a ☐ 8396 b ☐ 8839 c ☐ 5695	53				
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ ______	54				
55	Add lines 47 through 54. These are your **total credits**			55		
56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- ▶			56		

Standard Deduction for—

- People who checked any box on line 39a, 39b, or 39c **or** who can be claimed as a dependent, see page 34.
- All others:

Single or Married filing separately, $5,450

Married filing jointly or Qualifying widow(er), $10,900

Head of household, $8,000

Other Taxes

57	Self-employment tax. Attach Schedule SE	57		
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58		
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60	Additional taxes: a ☐ AEIC payments b ☐ Household employment taxes. Attach Schedule H	60		
61	Add lines 56 through 60. This is your **total tax** ▶	61		

Payments

62	Federal income tax withheld from Forms W-2 and 1099	62	703	00			
63	2008 estimated tax payments and amount applied from 2007 return	63					
64a	**Earned income credit (EIC)**	64a					
b	Nontaxable combat pay election 64b						
65	Excess social security and tier 1 RRTA tax withheld (see page 61)	65					
66	Additional child tax credit. Attach Form 8812	66					
67	Amount paid with request for extension to file (see page 61)	67					
68	Credits from Form: a ☐ 2439 b ☐ 4136 c ☐ 8801 d ☐ 8885	68					
69	First-time homebuyer credit. Attach Form 5405	69					
70	Recovery rebate credit (see worksheet on pages 62 and 63)	70					
71	Add lines 62 through 70. These are your **total payments** ▶				71	703	00

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See page 63 and fill in 73b, 73c, and 73d, or Form 8888.

72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you **overpaid**	72	0
73a	Amount of line 72 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	73a	0
▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
▶ d	Account number		
74	Amount of line 72 you want **applied to your 2009 estimated tax** ▶ 74		

Amount You Owe

75	**Amount you owe.** Subtract line 71 from line 61. For details on how to pay, see page 65 ▶	75	0
76	Estimated tax penalty (see page 65) 76		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 66)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name ▶ Phone no. ▶ ( ) Personal identification number (PIN) ▶

Sign Here

Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Bob Green	2/28/09	Cashier	(517) 676-9999
Spouse's signature. If a joint return, both must sign.	**Date**	**Spouse's occupation**	
Sally Green	2/28/09	Secretary	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code		EIN	
		Phone no. ( )	

(Sample)
Sally Green Worksheet

Worksheet 1. **Figuring Your Taxable Benefits**

Before you begin:

- If you are married filing separately and you lived apart from your spouse for all of 2008, enter "D" to the right of the word "benefits" on Form 1040, line 20a, or Form 1040A, line 14a.
- Do not use this worksheet if you repaid benefits in 2008 and your total repayments (box 4 of Forms SSA-1099 and RRB-1099) were more than your gross benefits for 2008 (box 3 of Forms SSA-1099 and RRB-1099). None of your benefits are taxable for 2008. For more information, see *Repayments More Than Gross Benefits.*

1. Enter the total amount from box 5 of ALL your Forms SSA-1099 and RRB-1099. Also enter this amount on Form 1040, line 20a, or Form 1040A, line 14a **1.** 6,600

2. Enter one-half of line 1 . . . . **2.** 3,300

3. Enter the total of the amounts from:
Form 1040: Lines 7, 8a, 9a, 10 through 14, 15b, 16b, 17 through 19, and 21
Form 1040A: Lines 7, 8a, 9a, 10, 11b, 12b, and 13 . . . . **3.** 24,930

4. Enter the amount, if any, from Form 1040 or 1040A, line 8b **4.** 0

5. ***Form 1040 filers:*** Enter the total of any exclusions/adjustments for:

- Qualified U.S. savings bond interest (Form 8815, line 14)
- Adoption benefits (Form 8839, line 30)
- Foreign earned income or housing (Form 2555, lines 45 and 50, or Form 2555-EZ, line 18), and
- Certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico

Form 1040A filers: Enter the total of any exclusions for:

- Qualified U.S. savings bond interest (Form 8815, line 14)
- Adoption benefits (Form 8839, line 30) **5.** 0

6. Add lines 2, 3, 4, and 5 . . . . **6.** 28,230

7. ***Form 1040 filers:*** Enter the amounts from Form 1040, lines 23 through 32, and any write-in adjustments you entered on the dotted line next to line 36. ***Form 1040A filers:*** Enter the amounts from Form 1040A, lines 16 and 17 . . . . **7.** 0

8. Is the amount on line 7 less than the amount on line 6?

No. STOP None of your social security benefits are taxable. Enter -0- on Form 1040, line 20b, or Form 1040A, line 14b.

Yes. Subtract line 7 from line 6 . . . . **8.** 28,230

9. If you are:

- Married filing jointly, enter $32,000
- Single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2008, enter $25,000 . . . . **9.** 32,000

Note. If you are married filing separately and you lived with your spouse at any time in 2008, skip lines 9 through 16; multiply line 8 by 85% (.85) and enter the result on line 17. Then go to line 18.

10. Is the amount on line 9 less than the amount on line 8?

No. STOP None of your benefits are taxable. Enter -0- on Form 1040, line 20b, or on Form 1040A, line 14b. If you are married filing separately and you **lived apart** from your spouse for all of 2008, be sure you entered "D" to the right of the word "benefits" on Form 1040, line 20a, or on Form 1040A, line 14a.

Yes. Subtract line 9 from line 8 . . . . **10.** ______

11. Enter $12,000 if married filing jointly; $9,000 if single, head of household, qualifying widow(er), or married filing separately and you **lived apart** from your spouse for all of 2008 . . . . **11.** ______

12. Subtract line 11 from line 10. If zero or less, enter -0- . . . . **12.** ______

13. Enter the **smaller** of line 10 or line 11 . . . . **13.** ______

14. Enter one-half of line 13 . . . . **14.** ______

15. Enter the **smaller** of line 2 or line 14 . . . . **15.** ______

16. Multiply line 12 by 85% (.85). If line 12 is zero, enter -0- . . . . **16.** ______

17. Add lines 15 and 16 . . . . **17.** ______

18. Multiply line 1 by 85% (.85) . . . . **18.** ______

19. **Taxable benefits.** Enter the **smaller** of line 17 or line 18. Also enter this amount on Form 1040, line 20b, or Form 1040A, line 14b **19.** 0

TIP *If you received a lump-sum payment in 2008 that was for an earlier year, also complete Worksheet 2 or 3 and Worksheet 4 to see if you can report a lower taxable benefit.*

Fannie Mae Criteria for Counting Borrower(s) Income in Ability to Repay Mortgage Loan

(This is not MSHDA's criteria to determine income eligibility under Part 5 or the 1040 income verification methods.)

Generally, Fannie Mae requires that a borrower have sufficient stable income from employment and other sources with the reasonable expectation that the income would continue to be received in the foreseeable future **(usually for 3 years)**. The types of income that are included are varied, they include but are not limited to:

- Salary and/or wages including commissions, commissions, tips, and overtime
- Military Income
- Retirement Income (pensions, IRA distributions etc)
- Social Security
- Alimony and child support income received
- Notes receivable
- Interest and Dividends
- Mortgage Differential Payments
- Trust Income
- Royalty Payments
- VA Benefits (not educational benefits)
- Disability Benefits
- Unemployment benefits
- Public Assistance Benefits
- Auto Allowances
- Foster Care Income
- Rental Income
- Business Income
- Farm Income