



INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR CONTINUED OCCUPANCY (ACO) – MTW

Read the following instructions and complete the *Application for Continued Occupancy (ACO)* in entirety. Each letter and number listed below corresponds to a section of the ACO, to assist you in completing the form. Any and all sources of household income, assets, and applicable expenses must be reported on the ACO, and all persons residing in the household must be listed. Failure to provide accurate information may result in termination of assistance and is punishable under state and federal laws. If you have any questions on how to complete the ACO, please contact your HCV Representative.

HOUSEHOLD INFORMATION

CLIENT INFORMATION – Review information regarding the head of household (HOH), who is the person responsible for the voucher and for completing related paperwork. Complete and review all sections 1-6 and make changes where needed.

FAMILY INFORMATION – Review all persons residing in your household (including the HOH) and review all sections 1-8. If you have more than twelve household members you may attach additional pages.

1. Review and complete one line per household member: Last name, First name, Middle initial.
2. Review each family member's relationship to the HOH (e.g. spouse, brother, son, co-head etc.).
 - A "Co-head" is an individual in the household who is equally responsible with the HOH for ensuring that the family fulfills all of its responsibilities under the program, but who is not a spouse. A family can have only one co-head. List "Live-In Aide" for household member classified as a live-in aid. List "Other" for all other household members.
3. Review and indicate the sex of each household member: List "M" for male and "F" for female.
4. Review and provide the date of birth for each household member: MM/DD/YYYY (e.g. 08/10/1950).
5. Review and provide the social security number for each household member. If you do not have a Social Security number, write "N/A."
6. Review and check the box for each household member 18 years of age or older who attends school full-time. If not enrolled or if only enrolled part-time, leave box blank
7. Review and check the box for each household member who has a disability.
8. Indicate whether or not any of the household members listed have been added to or removed from the household since the last recertification. If there has been no change leave this section blank.

MTW Application for Continued Occupancy			
Client Number: _____		Recertification Date: _____	
PHA Representative Name: _____			
HOUSEHOLD INFORMATION			
A. CLIENT INFORMATION: Review the information below. Please cross out any incorrect information and update with the correct information.			
1. Client Name: _____		2. Address: _____	
3. Home Phone: _____		4. Mobile Phone: _____	
5. Work Phone: _____		6. E-mail Address: _____	
B. FAMILY INFORMATION: Review the information below. Please cross out any incorrect information and update with the correct information. You may be required to verify the corrected information. (attach additional pages, if needed)			
1. Last, First, MI	2. Relationship to HOH	3. Sex (M/F)	4. Date of Birth (MM/DD/YYYY)
			5. SSN
			6. Full-Time Student 18+
			7. Disabled
			8. Added/Removed (leave blank if no change)
1	Head		<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>
7			<input type="checkbox"/>
8			<input type="checkbox"/>
9			<input type="checkbox"/>
10			<input type="checkbox"/>
11			<input type="checkbox"/>
12			<input type="checkbox"/>

Carefully review sections C, D, E, F, G, H, I, J, and K. Enter income and expense information as it pertains to your entire household. Attach additional pages if needed.

INCOME				
C. EMPLOYMENT: BY LEAVING THIS SECTION BLANK YOU ARE CERTIFYING THAT NO ONE IN YOUR HOUSEHOLD RECEIVES INCOME FROM THIS SOURCE				
1. Household Member Name	2. Date of Hire	3. Employer's Name & Address	4. Employer's Phone #	5. Amount Received Per Pay Period
				\$ Per

INCOME

EMPLOYMENT: If no employment income is received leave this section blank which certifies no one in your household receives income from this source and skip to the next section. Employment income includes (but is not limited to) the full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.

1. List names of any and all household members who receive employment income.
2. List the date of hire for each household member receiving employment income.
3. Provide employer's name and address for each household member receiving employment income.
4. Provide employer's telephone number for each household member receiving employment income.
5. List the amount received (before taxes and other deductions are taken out) in the paycheck. Indicate how often payment is received (e.g. \$200 per week, \$400 per month, etc.).

I. OTHER INCOME / ADDITIONAL INCOME: BY LEAVING THIS SECTION BLANK YOU ARE CERTIFYING THAT NO ONE IN YOUR HOUSEHOLD RECEIVES ADDITIONAL INCOME FROM ANY SOURCE

1. Household Member Name	2. Type of Income	3. Amount Received Per Month

4. If anyone in your household receives monetary or non-monetary gifts or contributions on a regular basis from someone who does not live in the household, list the names of family members who receive such contributions, the type of contribution and the monthly amount of the contribution below.

Name of Family Member	Type of Contribution	Monthly Amount

SELF-CERTIFICATION OF ASSETS

1. SELF-CERTIFICATION OF HOUSEHOLD ASSETS (attach additional pages if necessary)
BY LEAVING THIS SECTION BLANK YOU ARE CERTIFYING THAT NO ONE IN YOUR HOUSEHOLD HAS ANY ASSET INCOME

1. Description	2. Name of Household Member	3. Value of Asset	4. Annual Income from Asset
Checking Account			
Savings Account			
Stocks			
Bonds			
Mutual Funds			
Money Market Funds			
Certificates of Deposit			
Annuity			
Property/Real Estate			
Trust Funds			
Retirement or Pension Funds			
Lump Sum Payments			
Life Insurance Policy			
Burial Plots			
Inheritances, Lottery Winnings, Insurance Settlements			
Personal Property held as an investment (gems, jewelry, coin collections, antique cars, etc.)			
Other (describe):			

5. If anyone in the family disposed of any assets for less than they were worth in the past two years, explain:

OTHER INCOME / ADDITIONAL INCOME: If no one in your household has other/additional income leave this section blank which certifies no one in your household receives income from this source and skip to the next section List the names of any and all household members who receive additional income not listed in sections C-H.

1. List the names of any and all household members from other income sources.
2. List the type of income received.
3. List the amount received per month.
4. If anyone in the family receives monetary or non-monetary gifts or contributions on a regular basis from someone who does not live in the household. For example, if someone outside your household is paying your bills, providing you with a weekly stipend, or contributing to your household income in any, you must report this information. List the name of the family member receiving the income, the type of contribution, and the monthly amount.

ASSETS

SELF-CERTIFICATION OF HOUSEHOLD ASSETS: If no one in your household has any assets, leave this section blank which certifies no one in your household receives income from this source and skip to the next section List cash value of any and all household assets, including (but not limited to) bank accounts, stocks, bonds, CDs, IRAs, inheritances, personal property, etc.

1. Review the descriptions of possible types of asset. If not listed, describe in "Other." Attach additional pages if necessary.
2. List the names of any and all household members who hold the asset. If multiple sources exist for an asset type, list each source separately. Attach additional pages if necessary.
3. List the value of each asset. Value of the asset may refer to the amount of money you hold in the account, fund, policy, etc. or the value of any personal property if you sold it today.
4. List the annual income received as a result of holding the asset. This may include the annual interest that you have earned on any assets.
5. Indicate whether or not any family member has disposed of any assets for less than they were worth in the past two years. If no one in your household has disposed of any assets for less than they were worth in the past two years, skip to section K.

EXPENSES

UNREIMBURSED MEDICAL INSURANCE PREMIUMS: If the HOH, co-head and/or spouse is elderly or disabled then you may be able to deduct medical insurance premiums. If not, skip to the next section.

1. List the names of the family members who expect to pay medical insurance premiums over the next year.
2. List the annual amount of anticipated medical insurance premiums.
3. Using the chart, indicate the annual amount of anticipated medical insurance premiums expected (i.e. medical, dental, vision, etc.).

PARTICIPANT CERTIFICATION

PARTICIPANT CERTIFICATION: The HOH, Co-Head, spouse and all adult household members 18 and older must sign and date the Participant Certification, certifying that the information provided on the ACO form is complete, true, and correct. Read the entire certification before signing.

EXPENSES											
K. Unreimbursed Medical Insurance Premiums: IF THE HEAD OF HOUSEHOLD, CO-HEAD AND/OR SPOUSE IS NOT ELDERLY OR DISABLED AND YOU DO NOT EXPECT TO PAY ANY MEDICAL INSURANCE PREMIUMS OVER THE NEXT YEAR (SKIP TO NEXT SECTION)											
<p>1. List names of family members who expect to pay medical insurance premiums:</p> <p>_____</p> <p>_____</p>											
<p>2. Enter the annual amount of anticipated medical insurance premiums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="text-align: left; padding: 2px;">Type of Expense</th> <th style="text-align: left; padding: 2px;">Annual Amount</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Medical insurance premiums (including Medicare)</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">Dental insurance premiums</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">Vision insurance premiums</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">Other (describe):</td> <td style="padding: 2px;">_____</td> </tr> </tbody> </table>		Type of Expense	Annual Amount	Medical insurance premiums (including Medicare)	_____	Dental insurance premiums	_____	Vision insurance premiums	_____	Other (describe):	_____
Type of Expense	Annual Amount										
Medical insurance premiums (including Medicare)	_____										
Dental insurance premiums	_____										
Vision insurance premiums	_____										
Other (describe):	_____										
PARTICIPANT CERTIFICATION											
<p>To be signed by ALL household members 18 years of age and older.</p> <p>I/We certify that the information given on this application to the Philadelphia Housing Authority about household composition, annual household income, family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements are punishable under federal law and state law. I/We also understand that false statements or information are grounds for termination of assistance.</p>											
Signature of Head of Household _____	Date _____										
Signature of Spouse or Co-Head of Household _____	Date _____										
Signature of Other Adult Household Member 18 Years of Age and Older _____	Date _____										
Signature of Other Adult Household Member 18 Years of Age and Older _____	Date _____										
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PHA CERTIFICATION – FOR PHA OFFICE USE ONLY											
PHA Representative Print Name _____	Date _____										
PHA Representative Signature _____	Date _____										
Page 4 of 4 Application for Continued Occupancy – MTW Printed by: REP NAME Date & Time Printed: 4/16											

Questions? If you have questions about the reexamination process or if you or anyone in your family is a person with disabilities and needs assistance to complete the reexamination process, please contact your HCV Representative or our office at 215-684-4300, or clientservices@pha.phila.gov.

**Authorization for the Release of Information/
Privacy Act Notice**

To the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing
OMB CONTROL NUMBER: 2501-0014
REV. 09/1989

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

HA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 994 of the St. Assistance Amendments Act of 1974 of the Housing and Community Development Act of 1974 and the Housing Agency/Authority of salary and wages from HUD and the HA to request wage information claim information from the keeping that information; (3) HU information from the U.S. Social Security Internal Revenue Service. The verification of income information may request information from eligibility and level of benefits.

Purpose: In signing this consent and the above-named HA to request sources listed on the form, HUD and the HA to verify your household's income eligible for assisted housing benefit at the correct level. HUD and the HA matching programs with these eligibility and level of benefits.

Uses of Information to be Obtained: The income information it obtains Act of 1974, 5 U.S.C. 552a. If (other than tax return information) to other government agencies for Federal agencies for employment for the purpose of determining how required to protect the income info with any applicable State privacy may be subject to penalties for improper uses of the income information consent form. **Private owners information authorized by this**

Who Must Sign the Consent: household who is 18 years of age form. Additional signatures must members joining the household household become 18 years of age

Original is retained by the requesting organization.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date	Other Family Member over age 18	Date
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice: Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 20006), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interests, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization. ref: Handbook 7420.7, 7420.8, & 7465.1 form HUD-9886 (1/94)

2. Form HUD 9886: Authorization for the Release of Information/Privacy Act Notice

- This form allows PHA to request and verify information regarding household members' income from sources such as employers, the state unemployment agency, the Social Security Administration (SSA) and the Internal Revenue Service (IRS).
- Only one form must be completed per household.
- This form must be signed by all adult household members.
- Where indicated, the head of household must also provide their Social Security Number (if any).
- Required for all households.



Continuing Authorization for the Release of Information

To:
Philadelphia Housing Authority ("PHA")
 Housing Choice Voucher Program 215-684-4300
 Public Housing Program 215-684-4000
Philadelphia Asset and Property Management Corporation
 ("PAPMC") 215-684-8287

- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies
- Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities

Purposes:
 PHA, PAPMC and the U.S. Department of Housing and Urban Development ("HUD"), and their agents, may use information, data, documents and other materials ("information") obtained with this Continuing Authorization for any of the following purposes:

- administer and enforce program rules and policies;
- determine initial and continuing eligibility for programs;
- analyze utility consumption data for purposes related to energy conservation; and
- comply with HUD and other laws, rules and regulations

Computer Matching Authorization:
 I agree that PHA or HUD may conduct computer-matching programs with other governmental agencies including the following:
 Federal, State, Tribal or local agencies;
 U.S. Office of Personnel Management
 U.S. Social Security Administration
 U.S. Department of Defense
 U.S. Postal Service
 State Employment Security Agencies
 State Welfare and Food Stamp Agencies
Matching may also be used to verify information supplied by the family.

Continuing Authorization; Expiration:
 This Continuing Authorization will expire [24] [36] months after the date set forth below.

Conditions:
 I agree that photocopies of this Continuing Authorization may be used for the purposes stated above.

I authorize the release, at all times while this Continuing Authorization remains in effect, to PHA, HUD, and/or their agents, of any information about me, my family or the Leased Premises that is pertinent to any of the purposes specified above, including my initial and continuing eligibility for or participation under any of the following programs:

I understand that information obtained by means of this Continuing Authorization will be used exclusively for the purposes stated above, and that the information will be released to others only as reasonably appropriate to further such purposes, unless otherwise provided by Law.

- Low-income Rental Public Housing Program
 - Section 8 and Housing Choice Voucher Housing Assistance Payments Programs
 - Homeownership Opportunities Program
- I authorize only HUD or PHA to obtain information on wages or unemployment compensation from State Employment Security Agencies.

I understand that, if I do not sign this Continuing Authorization, my housing assistance may be denied or terminated.

Information:
 Information requests may include but are not limited to:

- Child Care Expenses
- Credit History and Criminal History
- Family Composition
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History
- Utility Account and Payment History
- Utility consumption data and utility bills

Date: _____
 Leased Premises _____ Philadelphia, PA
 Account Number - Electricity: _____
 Account Number - Gas: _____

Individuals or Organizations That May Release Information:
 Any individual or governmental or other organization, including the following, is hereby authorized to release information at any time while this Continuing Authorization remains in effect.

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers (Past and Present)
- Landlords
- Schools and Colleges
- U.S. Social Security Administration

 Signature and Printed Name of Tenant Head of Household

 Signature and Printed Name of Other Adult Tenant

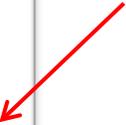
 Signature and Printed Name of Other Adult Tenant

 Signature and Printed Name of Other Adult Tenant

Original is retained by the requesting organization
 Rev. 02-12-2015

3. Continuing Authorization for the Release of Information

- This form authorizes PHA to request and verify, from third-party sources, information needed to (1) administer and enforce program rules and policies; (2) verify initial and continuing eligibility for programs; (3) analyze utility consumption data for purposes related to energy conservation; and (4) comply with HUD and other laws, rules and regulations.
- Only one form must be completed per household.
- All adult household members must print their name, sign and date
- Form must be signed by all adult household members
- Required for all households.





FAMILY NOTIFICATION OF LEAD BASED PAINT

1. Have your children UNDER 6 YEARS OF AGE ever been tested for lead? ___ Yes ___ No

If yes, list the children's names, the date tested and the results:

Name	Date Tested	Positive	Negative

2. Do any of your children currently show symptoms of lead toxicity? ___ Yes ___ No

- Symptoms Include:
- Loss of appetite
 - Irritability
 - Vomiting
 - Slowdown on playful activity
 - Slowness in development

If you suspect that your child has been exposed to lead base paint. Contact your local Board of Health District to have the child tested.

I hereby certify that the above information is correct and that I have been given a copy of HUD pamphlet #537-NVACP, reprint of June 19, 1979, which contains information regarding lead based paint, poisoning hazards, symptoms and precautions.

Signature of Head of Household or Spouse

Date

4. Family Lead Based Paint Notification

- Question 1: If your household has children UNDER 6 YEARS OF AGE you must answer question. Indicate "Yes" or "No"
- If you answered question 1 "Yes", list the name of the child(ren), the date the child(ren) was last tested, and the results of the test (positive or negative) in the chart
- Review and complete Question 2. Indicate "Yes" or "No"
- Form must be Signed and dated
- Only one form must be completed per household.
- Required for all household with children under 6 years of age.



RECERTIFICATION – REQUIRED DOCUMENTS

The list below includes the items that you will need to provide to PHA in addition to the *Application for Continued Occupancy (ACO)*. Not all of the items below apply to every household. Providing information on a timely basis will ensure continued assistance. **Please note that all documents must be dated within the last 60 days:**

REQUIRED DOCUMENTS TO COMPLETE & SIGN (Enclosed)

Every household is required to submit the documents referenced below:

- Application for Continued Occupancy (*Please include information for ALL household members*);
- PHA Release of Information (*Signed by all adult household members*); and
- Authorization for Release of Information/Privacy Act Notice (*Signed by all household members 18 years of age and older*)
- Family Notification of Lead Based Paint

ADDITIONAL DOCUMENTS (Enclosed)

- Supplement to Application for Federally Assisted Housing (*Head of Household may complete if Emergency Contact Information has changed*).

INFORMATION ABOUT YOUR INCOME:

For every member of your household who is receiving the following types of income, you must provide the requested documentation:

- **Employment Income**
 - 6 consecutive pay stubs, if paid weekly
 - 3 consecutive pay stubs, if paid every other week
 - 2 pay stubs, if paid monthly
 - If you are unable to obtain current pay stubs you must provide a letter from your employer on company letter head verifying your rate of pay, hours worked weekly and frequency of pay.
 - Documentation of other types of income you expect to receive from employment such as tips, commissions, bonuses, profit sharing programs, etc.
- **Public Assistance/Welfare:** Verification letter which states the amount of benefits paid and/or your DPA case number.
- **Social Security/SSI:** Social Security Award Letter
 - You can call 1-800-772-1213 to obtain a benefits statement or print your award letter from the social security website at www.ssa.gov
- **Child Support/Alimony Payments:** Provide documentation of the frequency & amount of child support.
 - You must provide proof of child support transaction history for the last three months
 - You may access the PA Child Support Website to obtain this information. You will need a username and password to obtain verification of your child support income. If you have not registered for online access to PA Child Support, you can register online prior to your recertification appointment date at: www.childsupport.state.pa.us



- **Unemployment/Workmen's Compensation:**
 - Provide documentation of the schedule/frequency and amount of unemployment compensation or workmen's compensation payments.
 - You may access the PA Dept. of Labor and Industry website to obtain this information. You will need a username and PIN number to obtain verification of your unemployment and/or workmen's compensation income. If you are not yet registered, you can register online at: www.paclaims.state.pa.us
- **Veterans Benefits or Military Pay:** Provide copy of most recent benefit letter or pay stubs.
- **Pensions:** Provide documentation of the frequency and amount of any pension income.
- **Voluntary Support:** If you receive any regular contributions or gifts from organizations or persons not residing in your home which are provided to your family on a regular basis, provide documentation of such support.
- **Other income:** Provide documentation of any additional income received by any member of the household.

INFORMATION ABOUT YOUR EXPENSES

If the HOH, co-head and/or spouse is at least 55 years of age or disabled, your family may provide documentation of the following:

- Unreimbursed Medical Insurance Premiums (including Medicare)

INFORMATION ABOUT YOUR ASSETS:

- If you have bank accounts, other financial investments (stocks, bonds) and/or other assets (i.e. real estate) you will need to self-certify the types of accounts or assets and the annual income received from these assets on the ACO.

HOUSEHOLD MEMBERS REPORTING ZERO INCOME:

- A zero income individual is one who does not receive any income, contributions and/or benefits listed above on his/her own behalf or on behalf of another individual in the household.
- If any members of your household are reporting zero income, you must notify PHA by contacting your HCV Representative. PHA will send you additional paperwork which must be completed and returned to PHA to complete your recertification.

Failure to provide the required information to complete your recertification may result in termination of your housing assistance. Additionally, if there are any changes in income, expenses, and/or household composition after you have provided these documents to PHA and prior to your reexamination effective date you are required to notify PHA.

If you have questions about the reexamination process or if you or anyone in your family is a person with disabilities and needs assistance to complete the reexamination process, please contact your HCV Representative or our office at 215-684-4300, or clientservices@pha.phila.gov.

Income Verification Guide

- Any documents used for verification must be dated within 60 calendar days of the date they are provided.
- Print-outs from web pages are considered original documents.
- The documents must not be damaged, altered or in any way illegible.
- For verification of wages using review of client provided documents, 6 pays stubs must be provided for weekly pay, 3 pay stubs for bi-weekly or bi-monthly pay and 2 pay stubs for monthly pay. The pay stubs must be consecutive.

As part of the reexamination process, families are required to provide updated information to PHA regarding the family's income, expenses, and composition. Families are asked to submit all required information with the mail out packet. The required information includes supporting documentation related to the family's income, expenses, and family composition.

For each of the sources of income on the following pages, client must submit the appropriate documentation for each household member's income source

Employment

Allowable Verification Methods

- Pay Stubs – must be **consecutive**
 - 4 pay stubs for weekly pay
 - 2 pay stubs for bi-weekly pay
 - 2 pay stubs for bi-monthly pay
 - 2 pay stubs for monthly pay

- Online print-outs from your employer’s website

- The Work Number www.theworknumber.com ; many employers provide your pay schedule on this website.

- Original Letters from the employer: Must Include
 - Dates of employment
 - Income information to accurately calculate income including salary and/or hours worked per week etc.....

Sample Verification Document

Pay-stub						
WaWa Food Market 7715 Frankford Ave Cambridge, MA 02138			Employee: Bruce Wayne			
Earnings						
Period	Regular Hours	Vacation	Over Time	Regular	Over Time	Gross Pay
04/20/12-05/04/12	40	0	0	\$400.00	\$0	\$400.00
Deductions						
Social Security	State Income Tax	Federal Income Tax	Retirement	Health Insurance	Dental Insurance	Net Pay
\$50	\$50	\$10				\$290

Unemployment

Verification Method

- Unemployment benefit letter or statement.
- Clients may access benefit information via online database: <https://www.paclaims.state.pa.us/uccc/LoginBenefitStatus.asp>
- Clients will need their SS numbers and PIN to Login

Sample Verification Document

PHILADELPHIA UC SERVICE CENTER
2901 GRANT AVENUE
PHILADELPHIA PA 19114-1009
PHONE NO. : 215-696-8980
FAX NO. : 215-680-6985

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
BUREAU OF UC BENEFITS AND ALLOWANCES

DATE MAILED
AUG 09, 2010

NOTICE OF FINANCIAL DETERMINATION
THIS FINANCIAL DETERMINATION ALONE DOES NOT ENTITLE YOU TO BENEFITS. A REVIEW OF YOUR EMPLOYMENT HISTORY AND PRESENT STATUS MUST BE MADE TO DETERMINE WHETHER YOU MEET ALL OF THE ELIGIBILITY REQUIREMENTS SPECIFIED IN THE LAW.

PHILADELPHIA PA 19132

Dear [REDACTED]

You recently filed an application for unemployment compensation benefits with the Bureau of UC Benefits and Allowances. This financial determination notifies you that you are financially eligible for benefits. Your financial eligibility is based on the wages you were paid and the credit weeks you earned during your base year (the first four of the last five completed calendar quarters prior to filing your claim) which is from APR 01, 2009 to MAR 31, 2010.

Our records show that during your base year, wages were reported by the following employer(s):

Employer(s)	Employment Acct. Number	Plant No.	Breakdown of Base-Year Wages by Quarter				Total Wages Paid	Credit Weeks
			1st Qtr	2nd Qtr	3rd Qtr	4th Qtr		
MAIN LINE	29-70891		4,087	4,876	4,389	3,882	17,234	
Totals			4,087	4,876	4,389	3,882	17,234	51

Your weekly benefit rate (WBFR) is determined to be \$187 based on a comparison of your highest quarter wages and your total base-year wages to the base for Rate and Amount of Benefits. Your highest quarter (rounded to the nearest dollar) was the 3rd quarter of 2009 when you were paid wages of \$4,876. Your total base-year wages were \$17,234.

Your benefit year provides you with a 52-week period beginning with the date of your application for unemployment compensation benefits. During this period, you may be entitled to benefits for those weeks when you are unemployed and meet the eligibility requirements of the Pennsylvania Unemployment Compensation (UC) Law. Your benefit year begins AUG 01, 2010 and ends JUL 30, 2011.

The maximum number of full weeks of benefits you may be eligible to receive is determined by the number of credit weeks you had in your base year. Since you had 51 credit weeks, you qualify for 26 weeks of full benefits during your benefit year. Your maximum benefit entitlement during the benefit year is determined by multiplying your weekly benefit rate by the maximum number of full weeks available to you. Your maximum benefit entitlement is \$4,918.

If your work hours are reduced due to lack of work, you may qualify for partial benefits. The Partial Benefit Credit (PBC) on your application is \$ 78. During a claim week, if you earn more than your PBC but less than \$278 you may qualify for partial benefits. YOU ARE REQUIRED TO REPORT ALL GROSS EARNINGS CLAIMED ANY WEEK THAT YOU ARE FILING FOR BENEFITS REGARDLESS OF WHETHER THE AMOUNT IS ABOVE OR BELOW YOUR PARTIAL BENEFIT CREDIT. For further information about the PBC, see the reverse side.

Also, you will receive an additional \$8 dependent's allowance for each week claimed during your benefit year. This allowance is for 2 dependents. The maximum amount of dependent's allowance available to you during the benefit year is \$306.

* The Law contains emergency provisions that apply when the balance in the Unemployment Compensation Trust Fund is low. The balance in the Fund has declined to a level where benefit payments for weeks ending on or after January 2, 2010, must be reduced by 2.3 percent.

Right of Appeal - The last day to timely appeal this determination is AUG 20, 2010. If you disagree with the determination, you may appeal. If you want to file an appeal, you must do so on or before the date shown above. For appeal information and instructions, see enclosed Form UC-47, APPEAL INSTRUCTIONS.

UC-44F REV 12-09
Case 1

CONTINUED ON REVERSE SIDE

Public Assistance / Welfare

Verification Method

- Benefit letter from DPW stating benefits which can be obtained at your local office or by the website:

<http://www.dhs.pa.gov/>

Sample Verification Document

Page 1 of 2

My COMPASS Account Benefit Details

8/18/2014 1:24:03 PM

Name: [REDACTED] School District: Philadelphia City

Address: [REDACTED] Language: English County: [REDACTED]

Phone Number: [REDACTED] County Office: Philadelphia County Liberty District Case Status: Open

Household Member Information					
Name	Sex	Date of Birth	Citizen Status	Marital Status	
[REDACTED]	Female	[REDACTED]	US Citizen	Single/never Married	
[REDACTED]	Female	[REDACTED]	US Citizen	Single/never Married	

Notice Preference
Current Notice Preference
Mail Message

Food Stamps					
Program	Status	Members	Benefit	Next Payment Due	Renewal Date
SNAP (Food Stamps) Benefit	Open 8/18/2013	[REDACTED]	\$ 347.00 monthly	8/18/2014	8/18/2015

Cash					
Program	Status	Members	Benefit	Next Payment Due	Renewal Date
TANF	Open 8/18/2013	[REDACTED]	\$ 237.00 monthly	8/25/2014	8/18/2015

Healthcare						
Program	Status	Members	Benefit	Managed Care (Physical)	Managed Care (Behavioral)	Renewal Date
Medical Assistance	Open 8/18/2013	[REDACTED]	Package #2	HP SE	CommunityBH	8/18/2015
Medical Assistance	Open 8/18/2013	[REDACTED]	Package #1	HP SE	CommunityBH	8/18/2015

SubocPlan for Women

Social Security (SS) & Supplemental Security Income (SSI)

Verification Method

- Benefit letter from the Social Security Administration (SSA) visit your local social security office
- You can call 1-800-772-1213 to obtain a benefits statement or print your award letter from the social security website at www.ssa.gov

Sample Verification Document

SOCIAL SECURITY ADMINISTRATION

Date: August 22, 2014
Claim Number: [REDACTED]

[REDACTED]

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2014, the current Supplemental Security Income payment is.....\$ 721.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

IF YOU HAVE ANY QUESTIONS

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 215-238-4702. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
4240 MARKET STREET
PHILADELPHIA, PA 19134

State Supplement Program (SSP) / Supplemental Security Income

Verification Method

- Benefit letter from DPW stating benefits

Sample Verification Document

Page 1 of 2

My COMPASS Account Benefit Details

01/02/14 1:24:09 PM

Name: [REDACTED] School District: Philadelphia City

Address: [REDACTED] Language: English County: [REDACTED]

Phone Number: [REDACTED] County Office: Philadelphia County Liberty District Case Status: Open

Household Member Information				
Name	Sex	Date of Birth	Citizen Status	Marital Status
[REDACTED]	Female	[REDACTED]	US Citizen	Single/never Married
[REDACTED]	Female	[REDACTED]	US Citizen	Single/never Married

Notice Preference
Current Notice Preference: Mail/In-person

Food Stamps					
Program	Status	Members	Benefit	Next Payment Date	Renewal Date
SNAP (Food Stamps) Benefit	Open 01/02/13	[REDACTED]	\$347.00 monthly	01/02/14	01/02/15

Cash					
Program	Status	Members	Benefit	Next Payment Date	Renewal Date
TANF	Open 06/20/13	[REDACTED]	\$237.00 monthly	01/02/14	01/02/15

Healthcare						
Program	Status	Members	Benefit	Managed Care Physical	Managed Care Behavioral	Renewal Date
Medical Assistance	Open 01/02/13	[REDACTED]	Package #2	HP SE	CommunityBP	06/02/15
Medical Assistance	Open 06/02/13	[REDACTED]	Package #1	HP SE	CommunityBP	06/02/15

Select Plan for Women



Private Pension

Verification Method

- Benefit letter or statement from your Pension provider indicating amount and frequency of payments.

PERSONAL BENEFIT STATEMENT
This information is as of 03/31/2013

Account Information

Total Pension Service Credit: ?	23 Years, 2 Months
Total Employee Contributions:	\$10,792.09
Net Employee Contributions after Loans:	\$5,972.71
Chapter 8 - 25 Year Date: ?	N/A
Chapter 8 - Bargaining Unit: ?	NON-ALIGNED EMPLOYEES
Chapter 78 - 20 Year Date: ?	06/28/2011
Membership Tier: ?	1
Group Life Insurance Benefits: ?	\$223,008.00
Calculated based on 3.0 times your salary	
CONTRIBUTORY AND NONCONTRIBUTORY	

Estimated Benefits ?

NOTE: You should not apply for retirement based on these figures.

Assumed Retirement Age:	60 Years
Assumed Service at Retirement:	27 Years, 7 Months
Salary Used to Calculate the Estimated Monthly Service Retirement Allowance:	\$74,368.00
Estimated Monthly Maximum Retirement Allowance:	\$3,114.00
<i>(Based on Pension Service Credit at Assumed Retirement Age)</i>	

Personal Information

Full Name:	MEMBER, JANE
Pension Fund and Member ID#:	PERS - 012345
Date of Enrollment:	02/01/1989
Date of Birth:	08/14/1958
Gender:	F
Proof of Age on File with Division of Pensions: ?	YES
Veteran Status: ?	NO

Health Benefits SHBP/SHEBP

	Plan / Plan Level	Effective Date	Termination Date
Health:	NJ Direct15 / Single	08/14/2010	
Prescription Drug:	Employee Rx (state-acvp) / Single	08/14/2010	
Dental:	Dental Expense Program / Mem/spse-dom Prtn	12/27/2003	

Other Benefits ?

Deferred Compensation:	YES
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Veterans Benefits

Verification Method

- Benefit letter from VA stating benefits. Visit va.gov or contact your local VA office

 DEPARTMENT OF VETERANS AFFAIRS
Philadelphia Regional Office and Insurance Center
PO Box 8075
Philadelphia PA 19101

March 3, 2010
[Redacted]
PHILADELPHIA, PA 19139

In Reply Refer To: [Redacted]

Dear [Redacted]:

This letter from the Department of Veterans Affairs certifies that [Redacted] is receiving service-connected disability compensation.

The current benefit paid is as follows:

Gross Benefit Amount	\$243.00/mo.
Net Amount Paid	\$243.00/mo.
Effective Date	December 1, 2008
Percent Disability	20%



If you reside in the continental United States, Alaska, Hawaii, or Puerto Rico, you may contact VA with questions by calling our toll-free number 1-800-827-1000 (for hearing impaired TDD 1-800-829-4833) or contact us online (<https://irts.va.gov>).

Sincerely yours,

Lillie Y. Jackson
Veterans Service Center Manager
To email us visit <https://irts.va.gov>



Self-Employment or Income from a Business

Verification Method

- Prior year's tax return (including Schedule C)
- Business financial statements.

Sample Verification Documents



1040 U.S. Individual Income Tax Return **2011**

OMB No. 1545-0047

For the year Jan. 1-Dec. 31, 2011, or for the year beginning [] and ending []

File separate instructions.

Print last name and initial [] Last name [] Social Security number []

If a joint return, spouse's first name and initial [] Last name [] Spouse's social security number []

Home address (number and street), if you have a P.O. box, see instructions. Apt. no. []

City, town or post office, state, and ZIP code. If you have a foreign address, also complete space below (see instructions).

Foreign country name [] Foreign post office [] Foreign postal code []

Marital Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name below.

4 Head of household with qualifying person. (See instructions.) If the qualifying person is a child but not your dependent, enter the child's name here.

5 Qualifying widow(er) with dependent child

Exemptions

6 Yourself. If someone can claim you as a dependent, do not check box 6a.

6a Spouse

6b Dependents. (See instructions.)

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required.

8b Tax-exempt interest. Do not include on line 8b.

9a Ordinary dividends. Attach Schedule D if required.

9b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15b Pensions and annuities

16 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17 Farm income or (loss). Attach Schedule F

18 Unemployment compensation

19 Social security benefits

20a Other income. List type and amount

20b Taxable amount

21 Continue the amounts in the far right column for lines 7 through 21. This is your **total income**.

22

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of research, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid Recipient's SSN

31b IRA deduction

32 Student loan interest deduction

34 Tuition and fees. Attach Form 8917.

35 Domestic production activities deduction. Attach Form 9820

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your **adjusted gross income**.

Tax Return



SCHEDULE C Profit or Loss From Business (Sole Proprietorship) **2013**

OMB No. 1545-0047

For information on Schedule C and its instructions, go to www.irs.gov/schedulec.

Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Department of the Treasury Internal Revenue Service

Name of proprietor [] Social Security number (SSN) []

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions []

C Business name, if no separate business name, leave blank

D Employer ID number (EIN) []

E Business address including suite or room no. []

City, town or post office, state, and ZIP code []

F Accounting method: Cash Accrual Other specify []

G Did you "materially participate" in the operation of the business during 2013? If "No," see instructions for bond interest Yes No

H If you started or acquired this business during 2013, check here Yes No

I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions) Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form 1099-D and the "Responsible employer" box on that form was checked

2 Returns and allowances

3 Subtract line 2 from line 1

4 Cost of goods sold (from line 4E)

5 Gross profit. Subtract line 4 from line 3

6 Other income, including federal and state gasoline or fuel tax credits or refund (see instructions)

7 **Gross income.** Add lines 1, 5, and 6

Part II Expenses Enter expenses for business use of your home only on line 30.

8 Advertising

9 Car and truck expenses (see instructions)

10 Commissions and fees

11 Contract labor (see instructions)

12 Depreciation

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)

14 Employee benefit programs (other than on line 16)

15 Insurance (other than health insurance)

16 Mortgage (bank to bank, etc.)

17 Other

18 Legal and professional services

19 Office expenses (see instructions)

20 Pension and profit-sharing plans

21 Rent or lease (see instructions)

22 Variable, marketing, and equipment

23 Other business property

24 Repairs and maintenance

25 Replicas (not included in Part III)

26 Taxes and licenses

27 Travel, meals, and entertainment

28 Freight

29 Deductible meals and entertainment (see instructions)

30 Utilities

31 Wages (less employment credits)

32 Other expenses (from line 4B)

33 Research for future use

34 **Total expenses before expenses for business use of home.** Add lines 8 through 34

35 Expenses for business use of your home. Do not report these expense amounts. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method: Enter only the total square footage of all your home, and by the part of your home used for business. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 35.

36 **Net profit or (loss).** Subtract line 35 from line 7

37 If a profit, enter on both Form 1040, line 12, or Form 1040NR, line 13, and on Schedule SE, line 2. If you checked the box on line 1, see line 21 instructions. Estates and trusts, enter on Form 1041, line 5.

38 If you have a loss, check the box that describes your investment in this activity (see instructions).

39 If you checked this, enter the loss on both Form 1040, line 12, or Form 1040NR, line 13, and on Schedule SE, line 2. If you checked the box on line 1, see line 21 instructions. Estates and trusts, enter on Form 1041, line 5.

40 If you checked this, you must attach Form 8798. Your loss may be limited.

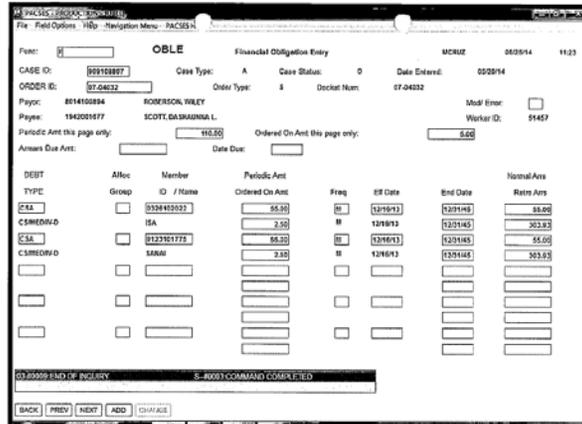
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11254P Schedule C (Form 1040) 2013

Schedule C

Child Support – Court Ordered

Verification Method

- Transaction Log (provided by client) showing child support payments
- The transaction log can be accessed by the client via the Family Court Electronic Database at the following website:
<https://www.humanservices.state.pa.us/csww/>
- Clients will need their User Names and Passwords to log in.



PACSIS (PACIFIC SYSTEMS)

File Field Options Help Navigation Menu: PACSIS

Form: **OBLE** Obligation Entry SACRIZ 08/26/14 11:23

CASE ID: 05910897 Case Type: A Case Status: 0 Date Entered: 09/20/14

ORDER ID: 07-04032 Order Type: 3 Decket Num: 07-04032

Payor: 01410284 ROBERTSON, WILEY Modl Error:

Payee: 194201877 SCOTT, GABRIELLA L. Worker ID: 51457

Periodic Amt this page only: 155.00 Ordered On Amt this page only: 5.00

Amounts Due Amt: Date Due:

DEPT	Alloc	Member	Periodic Amt		EST Date	End Date	Normal Amt
TYPE	Group	ID / Name	Ordered On Amt	Freq			Retn Amt
CSA	<input type="checkbox"/>	0338402022	55.00	M	12/26/13	12/21/14	55.00
CSM/ORD	<input type="checkbox"/>	ISA	2.50	M	12/26/13	12/21/14	202.50
CSA	<input type="checkbox"/>	0123101775	55.00	M	12/26/13	12/21/14	55.00
CSM/ORD	<input type="checkbox"/>	SAMM	2.50	M	12/26/13	12/21/14	305.00
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

03-25-09 END OF INQUIRY S-40053 COMMAND COMPLETED

BACK PREV NEXT ADD CHANGE



Child Support – Not Court Ordered

Verification Method

- Copies of checks/money orders from parent providing payments.

- When cancelled checks/money orders are used to verify income/expenses, use the same guideline for the number of required checks/money orders as with paystubs:
 - 6 checks if paid weekly
 - 3 checks if paid bi-weekly
 - 3 checks if paid bi-monthly
 - 2 checks if paid monthly



Recurring Cash Contributions

Verification Method

- Copies of checks or evidence of payment (i.e. letter from person providing payments to you or a household member)

Health Insurance Premiums

PHA will deduct the full Medicare, Medicaid and/or other Health Insurance Premiums for households where the head of household, co-head and/or spouse are either elderly or disabled. Other health insurance premiums include dental and vision care insurance.

Verification Method

- Insurance bills indicating premiums paid
- If a family member receives Social Security or SSI income and pays for their own medical insurance premiums, the amount may be indicated on the benefit letter.