REQUIRED INCOME OR BENEFIT DOCUMENTS FOR YOUR RECERTIFICATION

You must provide verification of the following information for all members of your family. Verification documents must be dated within **60 days** of the date they are provided to PHA.

Income or Benefits Received: If anyone in your household receives income/benefits from the source listed, you must provide the documentation/information listed in the column "What to Send to PHA".

- **What to Send to PHA:** Review the information in this column to identify the documents/information you are required to provide for the income/benefit received. For example, if you are employed, you must send the correct number of paystubs for the frequency with which you are paid.
- **Where to Obtain Verification:** The information in this column provides resources to assist you in obtaining the documentation required by PHA.

Income or Benefits	What to Send to PHA	Where to Obtain Verification

Employment Income (including Military Pay)	• Consecutive paystubs dated within the past 60 days (paystub should include the number of hours worked) for all adult family members except where identified below:
	  ○ 4 paystubs for weekly pay;
	  ○ 2 paystubs for bi-weekly pay; or,
	  ○ 2 paystubs for monthly pay.
	• W-2 forms and tax returns for seasonal employment.
	• Documentation of other income you expect to receive from employment such as tips, commissions, bonuses, etc.
	• Documents verifying earned income from children and/or full-time students 18 years old or older other than the head of household, spouse, or co-head is not required.
		• Paystubs in your possession
		• Where applicable, you may print paystubs from employer on-line payroll records

Self-Employment or Income from a Business	• Prior year's tax return (including Schedule C) • Business financial statements	• Tax returns provided by the family member
Termination of Employment	• If you or a family member reported employment at the last recertification and is no longer employed, provide a letter of termination from the employer. • The letter of termination must state the date of termination.	• Provide your termination letter from the employer
Full-Time Student Status for Adults (18 years old or older) Other Than the Head of	• School records, transcripts, letter from the school administration verifying full-time student status.	• School administration office or website

Income or Benefits	What to Send to PHA	Where to Obtain Verification
Household, Spouse, or Co-Head		
Social Security or Supplemental Security Income (SSI)	• Benefit letter from the Social Security Administration (SSA). • The benefit letter must be dated within 60 days from the date it is provided to PHA.	• Call the Social Security Administration at 1-800-772-1213 or log onto the SSA's website www.ssa.gov. Click on "My Social Security".
Public Assistance (TANF or Welfare)	• Benefit letter from the Department of Human Services (DHS).	• Call the DHS Helpline at 1-800-692-7462 (TTY/TTD at 1-800-451-5886) or log onto the "My COMPASS" website www.compass.state.pa.us.
State Supplement Program (SSP) This is the State paid portion of your SSI benefit	• Benefit letter from the Department of Human Services (DHS).	• www.pa.gov • Search COMPASS • Returning users, record number • Or 215-560-7226 • App MY COMPASS PA
Unemployment or Worker's Compensation	• Provide documentation of unemployment compensation i.e. unemployment benefit letter or statement from the PA Dept. of Labor and Industry. • Worker's compensation benefit letter	• To obtain a benefit Letter: Access the online database: https://www.paclaims.state.pa.us/uccc/LoginBenefitStatus.asp • You will need your Social security number and PIN to log in • If you have not registered for online access to the PA Department of Labor and Industry, registration is available at : https://www.paclaims.state.pa.us
Veteran's Benefits	• Benefit letter from the U.S Department of Veteran's Affairs (VA) stating benefits.	• Access the online system via https://www.benefits.va.gov/pension
Court-Ordered Child Support/ Alimony	• Transaction Log from the Pennsylvania Child Support website.	• Access your transaction log via: https://www.humanservices.state.pa.us/csws/
Non-Court Ordered Child Support/ Alimony	• Provide documentation of child support and/or alimony payments, i.e. copies of checks/money orders from parent providing payments (4 for weekly; 2 for bi-weekly, or 2 for monthly).	• Signed and dated letter from the person who is providing the child support or alimony payments
Retirement Benefits, Annuities, or Pensions	• Provide benefit letter or statement indicating amount and frequency of payments.	• Human Resources department of company providing the benefits
Regular Contributions, Support or Gifts	• If you receive any contributions or gifts from organizations or persons, which are provided to your family on a regular basis, provide copies of checks or evidence of payment.	• Signed and dated letter from the person who is providing the contributions, support or gifts
Trust Funds	• Account statements or financial statements completed by a financial institution or broker.	• Agency who is holding the funds, i.e. bank or other financial institution
Zero Income Individual	• Each adult in the family who is zero income is required to complete the **Self-Certification of Zero Income form.** • A zero income individual is one who does not receive any income, contributions, and/or benefits on his/her own behalf or on behalf	• Signed and dated zero income certification form by family member

Income or Benefits	What to Send to PHA	Where to Obtain Verification
	of another individual in the family.	
Zero Income Family*	• If no family member receives any income, complete the **Financial Hardship Worksheet**. You may be required to provide information regarding your means of basic subsistence, such as food, utilities, transportation, clothing, etc. • If there are children in the family and both parent/legal guardians do not live in the household, provide verification from Family Court that child support is not paid. • Verification of termination of earned income, unemployment benefits and/or other unearned income or benefits, if applicable. • Zero income households must report changes in income or benefits, within 30 calendar days of the change.	• Signed and dated forms from all adults in the zero income family

* A zero income family is one where no family member receives any income, contributions and/or benefits on his/her own behalf or on behalf of another individual in the family. This includes, but is not limited to:

- Employment income
- Unemployment or Worker's Compensation
- Public Assistance (TANF)
- Social Security, SSI, SSP
- Child Support
- Alimony
- Pension or Annuity
- Veteran's Benefits
- Gifts or contributions, i.e. assistance in paying for utilities, groceries or any other household expenses
- Military Pay
- Government Grants
- Trust Funds

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 04/20/12-05/04/12	Regular Hours	Vacation	Over Time	Regular	Over Time	Gross Pay
	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 19114-1099

PHONE NO.: 215-856-6990
FAX NO.: 215-560-6981

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

DATE MAILED
AUG 05, 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 ALSO BE MADE TO DETERMINE WHETHER YOU MEET ALL OF THE ELIGIBILITY REQUIREMENTS SPECIFIED IN THE LAW.

[redacted]
PHILADELPHIA PA 19132

OFFICE USE ONLY
AS 08/01/10 UC
CODE 1 MAX.WKS. 26
PBC 79 WBR 197A WBA 5122
NO.DEP. 2-NS WDA 8 MDA 208
EX-2 OFFICE NO. 0995

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)	Employer(s) Acct. Number	Plant No.	Breakdown of Base-Year Wages by Quarter 2-09	3-09	4-09	1-10	Total Wages Paid	Credit Weeks
MAIN LINE	23-70831		4,087	4,875	4,389	3,882	17,234	
		Totals	4,087	4,875	4,389	3,882	17,234	51

Your weekly benefit rate (WBR) is determined to be **$197** based on a comparison of your highest quarter wages and your total base-year wages to the table 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 **$4,875**. 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 **$ 5,122**.

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 **$ 79**. During a claim week, if you earn more than your PBC but less than **$275**, you may qualify for partial benefits. YOU ARE REQUIRED TO REPORT ALL GROSS EARNINGS DURING 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** dependent(s). The maximum amount of dependent's allowance available to you during the benefit year is **$208**.

*** The Law contains solvency 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 this 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
Code 1

CONTINUED ON REVERSE SIDE

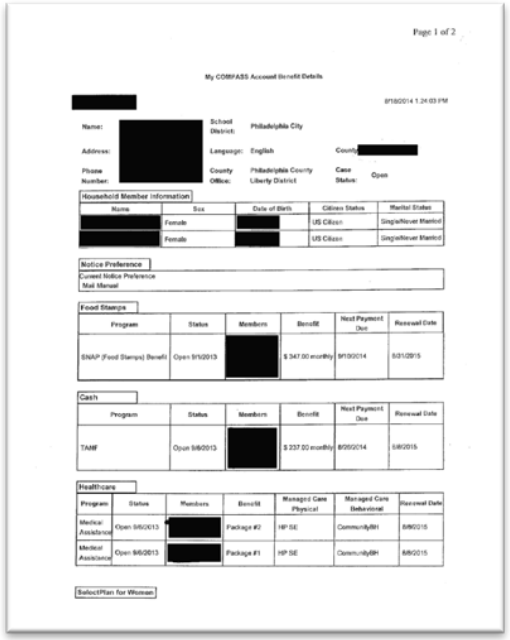
Public Assistance / Welfare

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

[redacted]

8/18/2014 1:24:03 PM

Name: [redacted]

Address:

Phone Number:

School District: Philadelphia City

Language: English

County Office: Philadelphia County Liberty District

County: [redacted]

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 Manual

Food Stamps

Program	Status	Members	Benefit	Next Payment Due	Renewal Date
SNAP (Food Stamps) Benefit	Open 9/1/2013	[redacted]	$ 347.00 monthly	9/10/2014	8/31/2015

Cash

Program	Status	Members	Benefit	Next Payment Due	Renewal Date
TANF	Open 5/6/2013	[redacted]	$ 237.00 monthly	8/20/2014	5/6/2015

Healthcare

Program	Status	Members	Benefit	Managed Care Physical	Managed Care Behavioral	Renewal Date
Medical Assistance	Open 5/6/2013	[redacted]	Package #2	HP SE	CommunityBH	5/6/2015
Medical Assistance	Open 5/6/2013	[redacted]	Package #1	HP SE	CommunityBH	5/6/2015

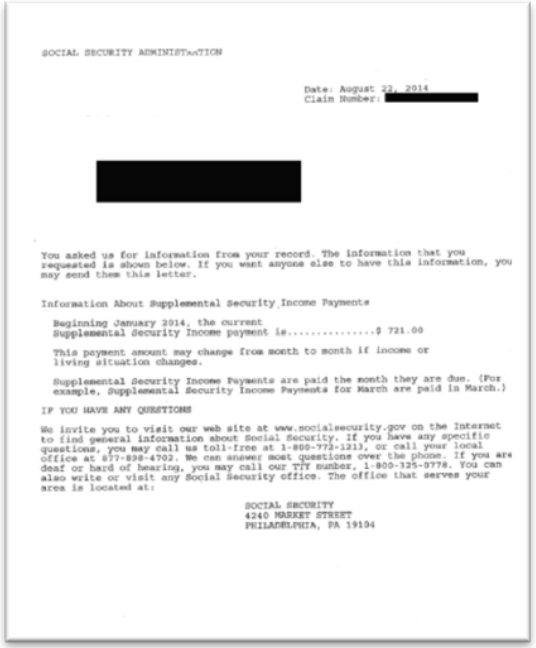
SelectPlan for Women

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 877-898-4702. 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:

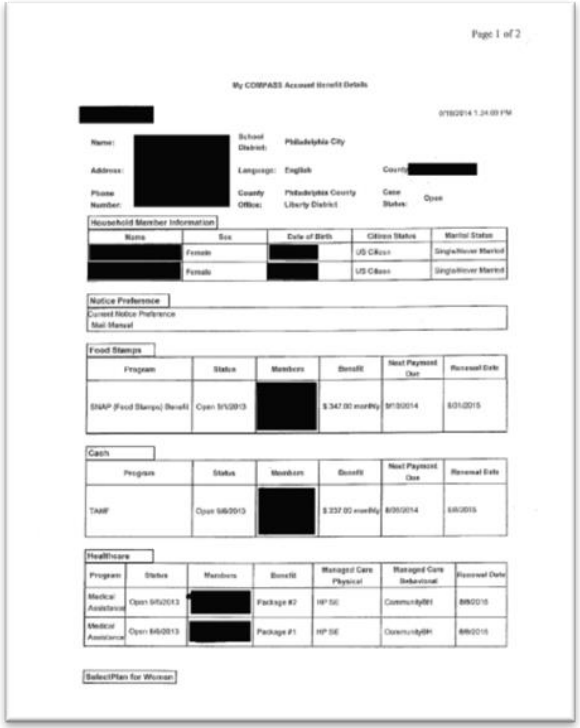
SOCIAL SECURITY
4240 MARKET STREET
PHILADELPHIA, PA 19104

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

[redacted]

Name: [redacted]
Address:
Phone Number:

School District: Philadelphia City
Language: English
County Office: Philadelphia County Liberty District

County: [redacted]
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 Manual

Food Stamps

Program	Status	Members	Benefit	Next Payment Date	Renewal Date
SNAP (Food Stamps) Benefit	Open 9/1/2013	[redacted]	$347.00 monthly	9/13/2014	9/01/2015

Cash

Program	Status	Members	Benefit	Next Payment Date	Renewal Date
TANF	Open 9/8/2013	[redacted]	$237.00 monthly	8/30/2014	8/8/2015

Healthcare

Program	Status	Members	Benefit	Managed Care Physical	Managed Care Behavioral	Renewal Date
Medical Assistance	Open 9/5/2013	[redacted]	Package #2	HP SE	CommunityBH	8/8/2015
Medical Assistance	Open 8/8/2013	[redacted]	Package #1	HP SE	CommunityBH	8/8/2015

SelectPlan 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:	$74,366.00
Estimated Monthly Maximum Retirement Allowance:	$3,114.00
(Based on Pension Service Credit at 'Assumed Retirement Age')	

Personal Information

Full Name:	MEMBER, JANE
Pension Fund and Member ID#:	PERS - 012345
Date of Enrollment:	02/01/1989
Date of Birth:	08/14/1956
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

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 8079
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://iris.va.gov).

Sincerely yours,

Lillie Y. Jackson
Veterans Service Center Manager

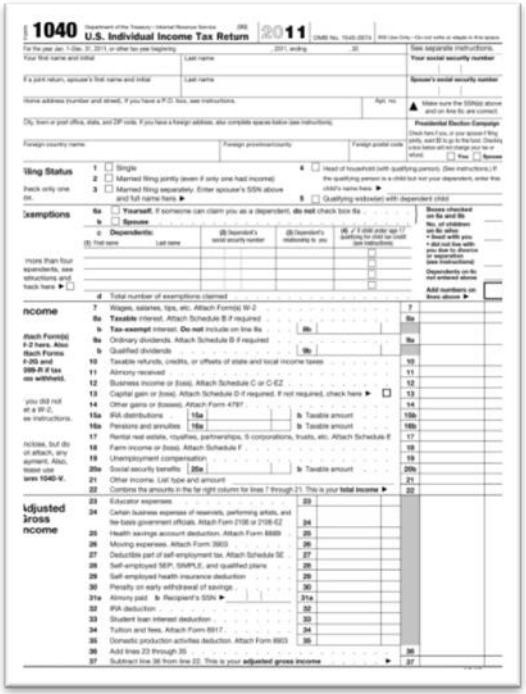
To email us visit https://iris.va.gov

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

Tax Return

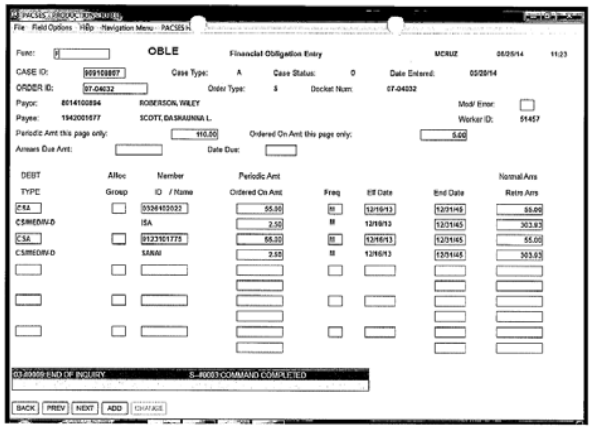
SCHEDULE C (Form 1040) Profit or Loss From Business (Sole Proprietorship) 2013

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/csws/
- Clients will need their User Names and Passwords to log in.



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

Zero Income – Individuals

ADD FORM SCREENSHOT

- Each adult in the family who is zero income is required to complete the Self-Certification of Zero Income form.
- A zero income individual is one who does not receive any income, contributions, and/or benefits on his/her own behalf or on behalf of another individual in the family.
- Signed and dated zero income certification form by family member

Zero Income Family

- If no family member receives any income, complete the Financial Hardship Worksheet. You may be required to provide information regarding your means of basic subsistence, such as food, utilities, transportation, clothing, etc.
- If there are children in the family and both parent/legal guardians do not live in the household, provide verification from Family Court that child support is not paid.
- Verification of termination of earned income, unemployment benefits and/or other unearned income or benefits, if applicable.
- Zero income households must report changes in income or benefits, within 30 calendar days of the change.
- Signed and dated forms from all adults in the zero income family

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.