



INCOME OR BENEFIT VERIFICATION GUIDE

To complete your recertification you are required to provide updated information to PHA's Housing Choice Voucher Program regarding your household's income.

- 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 each of the sources of income on the following pages, you must submit the appropriate verification documentation for each household member's income source



Employment

Where to Obtain Verification

- Paystubs dated within the past 60 days (paystub should include the number of hours worked) for all adult family members: Paystubs must be consecutive (in a row)
 - 4 paystubs for weekly pay; (Example of pay stubs that are in a row 1/03/2019; 1/10/19;1/17/19 and 1/24/19)
 - 2 paystubs for bi-weekly pay; (Example of pay stubs that are in a row 2/10/19 and 2/24/19)
 - 2 paystubs for monthly pay. (Example May 2019 and June 2019)
- W-2 forms and tax returns for seasonal employment.
- The Work Number www.theworknumber.com ; many employers provide your pay schedule on this website.
- Original Letters from the employer: which must include
 1. Dates of employment
 2. Income information to accurately calculate income including salary and/or hours worked per week

Sample Paystub Verification Document:

Your employer may refer to the date you are paid as an Advice Date, Pay Date, Date of Pay etc.

The advice dates below are consecutive (in a row) and there are 4 paystubs (because the employee is paid weekly)

WaWa Food Market 7715 Street lane road way Phila PA 19000		Employee: Bruce Wayne Pay period: 06/07/19 - 06/12/19 Advice Date: 06/20/19				
Earnings						
Pay Period	Regular Hours	Vacation	Over Time	Regular	Over Time	Gross Pay
07/05/2019-07/12/19	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

WaWa Food Market 7715 Street lane road way Phila PA 19000		Employee: Bruce Wayne Pay period: 06/20/2019 – 06/25/2019 Advice Date: 07/01/19				
Earnings						
Pay Period	Regular Hours	Vacation	Over Time	Regular	Over Time	Gross Pay
07/05/2019-07/12/19	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

WaWa Food Market 7715 Street lane road way Phila PA 19000		Employee: Bruce Wayne Pay period: 06/13/19 – 06/19/19 Advice Date: 06/27/19				
Earnings						
Pay Period	Regular Hours	Vacation	Over Time	Regular	Over Time	Gross Pay
07/05/2019-07/12/19	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

WaWa Food Market 7715 Street lane road way Phila PA 19000		Employee: Bruce Wayne Pay period: 06/26/19 – 07/01/2019 Advice Date: 07/08/2019				
Earnings						
Pay Period	Regular Hours	Vacation	Over Time	Regular	Over Time	Gross Pay
07/05/2019-07/12/19	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



Self-Employment or Income from a Business

Where to Obtain Verification

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

Sample Verification Documents

1040 U.S. Individual Income Tax Return 2011

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 Qualifying widow(er) with dependent child

7 Wages, salaries, tips, etc. Attach Form(s) W-2
8 Taxable interest. Attach Schedule B if required
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 box
14 Other gains or losses. Attach Form 4797
15a IRA distributions
15b Pensions and annuities
16a Social Security benefits
16b Other income. List type and amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or loss. Attach Schedule F
19 Unemployment compensation
20a Social Security benefits
20b Other income. List type and amount
21 Other income. List type and amount
22 Options the amount in the right column for lines 7 through 21. This is your total income
23 Educator expenses
24 Certain business expenses of assistants, performing artists, and fee-based government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deductions. 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
31b IRA deduction
32 Student loan interest deduction. Attach Form 8817
33 Tuition and fees. Attach Form 8817
34 Domestic production activities deduction. Attach Form 8813
35 Add lines 23 through 35
36 Subtract line 36 from line 22. This is your adjusted gross income

Tax Return

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

A Principal business or profession, including product or service (see instructions)
B Business name, if no separate business name, legal name
C Business address including suite or room no.
D City, town or post office, state, and ZIP code
E Accounting method: Cash Accrual Other specify
F Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses
G If you started or acquired this business during 2013, check here
H Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions)
I If "Yes," did you or will you file the required Form(s) 1099?

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form 1099-Div or the "Statutory employee" box on that form was checked
2 Returns and allowances
3 Subtract line 3 from line 1
4 Cost of goods sold (from line 4C)
5 Gross profit. Subtract line 4 from line 3
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)
7 Gross income. Add lines 5 and 6
8 Advertising
9 Car and truck expense (see instructions)
10 Commissions and fees
11 Contract labor (see instructions)
12 Depreciation
13 Depreciation and section 179 expense - distribution (not included in Part 4C) (see instructions)
14 Employee benefit programs (other than on line 13)
15 Insurance (other than health insurance)
16 Mortgage paid to banks, etc.
17 Other
18 Legal and professional services
19 Office expense (see instructions)
20 Personal and living expenses (see instructions)
21 Vehicle (see instructions)
22 Other business property
23 Repairs and maintenance
24 Supplies not included in Part 4C
25 Taxes and licenses
26 Travel, meals, and entertainment
27 "Hard" deductible meals and entertainment (see instructions)
28 Utilities
29 Wages (see employment credits)
30 Other expenses (from line 4B)
31 Reported for federal use
32 Total expenses before expenses for business use of your home (add lines 8 through 31)
33 Variable profit or loss. Subtract line 32 from line 7
34 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Quantify method: then only enter the total square footage of all your home and the part of your home used for business. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 33
35 If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 12) and on Schedule SE, line 2. If you checked the box on line 1, see the instructions. Enter on Form 1040, line 2. If a loss, you must go to line 33
36 If you have a loss, check the box that describes your investment in this activity (see instructions). If you checked 33a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 12) and on Schedule SE, line 2. If you checked the box on line 1, see the instructions. Enter on Form 1040, line 2, and on Form 1041, line 3. If you checked 33b, you must attach Form 8786. Your loss may be limited.
37a All investment is at risk
37b Some investment is at risk
37c None investment is at risk

Schedule C



Unemployment

Where to Obtain Verification

To obtain a benefit Letter: Access the online database: <https://www.paclaims.state.pa.us/ucc/c/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>

Sample Verification Document

PHILADELPHIA UC SERVICE CENTER
2901 GRANT AVENUE
PHILADELPHIA PA 19114-1089
PHONE NO. : 215-595-8990
FAX NO. : 215-590-8991

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 ALSO BE MADE TO DETERMINE WHETHER YOU MEET ALL OF THE ELIGIBILITY REQUIREMENTS SPECIFIED IN THE LAW.

PHILADELPHIA PA 19132

OFFICE USE ONLY
AK 08/03/10 UC
BOOK 1 MAX.WKS.26
PAC 79 WKS.197A WSA 5122
NO.008-2-NS WSA B WSA 20B
BK-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)	Employment Act. No.	First Week	WEEKS OF BENEFIT WAGES BY QUARTER				Total Wages Paid	Credit Weeks
			1-03	2-03	3-03	4-03		
MAIN LINE	23-70631		4,087	4,875	4,389	9,882	17,234	
		Total	4,087	4,875	4,389	9,882	17,234	51

Your weekly benefit rate (WBR) is determined to be \$187 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 36 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 \$ 9,132.

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 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 2.9 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 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 2.9 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-A7, APPEAL INSTRUCTIONS.

UD-44F REV 12-09
Case 1 CONTINUED ON REVERSE SIDE



Public Assistance / Welfare

Where to Obtain Verification

- 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.

Sample Verification Document

Page 1 of 2

My COMPASS Account Benefit Details

Name: [Redacted] School District: Philadelphia City
 Address: [Redacted] Language: English County: [Redacted]
 Phone Number: [Redacted] County: Philadelphia County Case Status: Open
 City: Olney Liberty District

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	

Medical Preferences
 Contact Notice Preference: [Redacted]
 Mail Manual: [Redacted]

Food Stamps					
Program	Status	Members	Benefit	Next Payment Due	Renewal Date
SNAP (Food Stamp) Benefit	Open 9/30/13	[Redacted]	\$ 347.00 monthly	9/30/14	8/31/15

Cash					
Program	Status	Members	Benefit	Next Payment Due	Renewal Date
TANF	Open 8/30/13	[Redacted]	\$ 237.00 monthly	8/30/14	8/30/15

Healthcare						
Program	Status	Members	Benefit	Managed Care Physical	Managed Care Behavioral	Renewal Date
Medical Assistance	Open 9/30/13	[Redacted]	Package #2	HP SE	CommunityBH	8/30/15
Medical Assistance	Open 8/30/13	[Redacted]	Package #1	HP SE	CommunityBH	8/30/15

[BallotPlan for Women](#)



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

Where to Obtain Verification

- 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".

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 477-828-4703. 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

- 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.

Sample Verification Document

Page: 1 of 2

My COMPASS Account Benefit Details

9/18/2014 1:24:03 PM

Name: [REDACTED] School District: Philadelphia City

Address: [REDACTED] Language: English Court: [REDACTED]

Phone Number: [REDACTED] County: Philadelphia County Case Status: Open

Office: Liberty District

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: [REDACTED]

Mail Method: [REDACTED]

Food Stamps					
Program	Status	Members	Benefit	Next Payment Due	Renewal Date
SNAP (Food Stamp) Benefit	Open 9/20/13	[REDACTED]	\$ 347.00 monthly	9/18/2014	8/31/2015

Cash					
Program	Status	Members	Benefit	Next Payment Due	Renewal Date
TAMF	Open 9/20/13	[REDACTED]	\$ 227.00 monthly	8/30/2014	8/30/2015

Healthcare						
Program	Status	Members	Benefit	Managed Care Physical	Managed Care Behavioral	Renewal Date
Medical Assistance	Open 9/20/13	[REDACTED]	Package #2	HP SE	CommunityBH	8/30/15
Medical Assistance	Open 8/6/2013	[REDACTED]	Package #1	HP SE	CommunityBH	8/30/15

Select Plan for Women



Retirement Benefits, Annuities, or Pensions

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
<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:	08/14/1956
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
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Veterans Benefits

Verification Method

- Access the online system via www.benefits.va.gov/pension

DEPARTMENT OF VETERANS AFFAIRS
Philadelphia Regional Office and Insurance Center
PO Box 8079
Philadelphia PA 19101

March 1, 2010

In Reply Refer To: [REDACTED]

[REDACTED]
[REDACTED]
PHILADELPHIA, PA 19139

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

RECEIVED
MAR 4 2 10



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/cs/ws/>
- Clients will need their User Names and Passwords to log in.

File: Field Options - Help - Navigation Menu - PACSIS H. REPORT PAGE

Form: **OBLE** Financial Obligation Entry MCRUZ 05/05/14 11:23

CASE ID: Case Type: A Case Status: 0 Date Entered: 05/20/14

ORDER ID: Order Type: 4 Docket Num: 07-04232

Payer: 801410284 RODERSON, WILEY Mod Error:

Payee: 1942001877 SCOTT, GABRIELLA L. Worker ID: 01457

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

Arrears Due Amt: Date Due:

DEBT TYPE	Alloc Group	Member ID / Name	Periodic Amt Ordered On Amt	Freq	Eff Date	End Date	Rate Amt
CSMEND	<input type="checkbox"/>	0524435532	55.00	M	12/31/13	12/31/13	55.00
CSMEND	<input type="checkbox"/>	ISA	2.50	M	12/31/13	12/31/13	303.63
CSMEND	<input type="checkbox"/>	0123161775	65.00	M	12/31/13	12/31/13	65.00
CSMEND	<input type="checkbox"/>	BARBI	2.50	M	12/31/13	12/31/13	303.63
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

07-2009-END OF ENCL00Y S-8003 COMMAND COMPLETED

BACK PREV NEXT ADD CHANGE