



REQUIRED DOCUMENTS FOR YOUR INTERIM CERTIFICATION

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/Benefit/ Expense 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.
- For examples of Income and Benefit Verification visit our HCV Recertification page at: www.pha.phila.gov/housing/housingchoice-voucher/recertifications.aspx

| Income/ Benefit/Expense Received | What to Send to PHA | Where to Obtain Verification |
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| Employment Income (including Military Pay) | <ul style="list-style-type: none"> • Consecutive (in a row) paystubs dated within the past 60 days for all adult family members except where identified below: <ul style="list-style-type: none"> ○ 4 paystubs for weekly pay (ex. Paystubs dated 1/03/2020, 1/10/2020, 1/17/2019, and 1/24/2020); ○ 2 paystubs for bi-weekly pay (ex. paystubs that are in a row 2/10/19 and 2/24/19) ; or, ○ 2 paystubs for monthly pay. (ex. May 2019 and June 2019) • W-2 forms and tax returns for seasonal employment. • Original letter from the employer, which must include: <ol style="list-style-type: none"> 1. Dates of employment 2. Income information to accurately calculate income, including salary and/or hours worked per week (including overtime) <p>Documentation of other income the family expects to receive from employment such as tips, commissions, bonuses, etc.</p> | <ul style="list-style-type: none"> • Paystubs in your possession • you may print paystubs from employer on-line payroll records • The Work Number www.theworknumber.com ; many employers provide your pay schedule on this website. • The employer. |
| Self-Employment or Income from a Business | <ul style="list-style-type: none"> • Prior year’s tax return (including Schedule C) • Business financial statements • 4 consecutive weekly statements and 4 weeks of expenses (ex.: Uber, Lyft, DoorDash) | <ul style="list-style-type: none"> • Tax returns provided by the family member |
| Termination of Employment | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Provide your termination letter from the employer |
| Social Security or Supplemental Security Income (SSI) | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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”. |



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| Public Assistance (TANF or Welfare) | <ul style="list-style-type: none"> Benefit letter from the Department of Human Services (DHS). | <ul style="list-style-type: none"> If the family’s case number is known, https://www.dpwtxns.state.pa.us The family may 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 | <ul style="list-style-type: none"> Benefit letter from the Department of Human Services (DHS). | <ul style="list-style-type: none"> If the family’s case number is known, https://www.dpwtxns.state.pa.us COMPASS Report The family may 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. |
| Unemployment or Worker’s Compensation | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> To obtain a benefit letter, the family may access the online database: https://www.paclaims.state.pa.us/ucc/LoginBenefitStatus.asp <ul style="list-style-type: none"> The family member will need their Social Security number and PIN to log in. If the family member has 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 | <ul style="list-style-type: none"> Benefit letter from the U.S Department of Veteran’s Affairs (VA) stating benefits. | <ul style="list-style-type: none"> The family may access the online system via https://www.benefits.va.gov/pension |
| Court-Ordered Child Support/ Alimony | <ul style="list-style-type: none"> Transaction Log from the Pennsylvania Child Support website. | <ul style="list-style-type: none"> Access your transaction log via: https://www.humanservices.state.pa.us/csww/ |
| Non-Court Ordered Child Support/ Alimony | <ul style="list-style-type: none"> Documentation of child support and/or alimony payments. Examples include (but are not limited to): <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> Person who is providing the child support or alimony payments. |
| Retirement Benefits, Annuities, or Pensions | <ul style="list-style-type: none"> Provide benefit letter or statement indicating amount and frequency of payments. | <ul style="list-style-type: none"> Human Resources department of company providing the benefits |
| Regular Contributions, Support or Gifts, or Payments on Behalf of a Family Member. | <ul style="list-style-type: none"> If any family member regularly receives any contributions, gifts, or payments on their behalf by organizations or persons outside of the household, copies of checks or evidence of payment, such as a signed and dated letter from the person who is providing the contributions, support or gifts. | <ul style="list-style-type: none"> Person who is providing the contributions, support or gifts. |



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| Trust Funds | <ul style="list-style-type: none"> Account statements or financial statements completed by a financial institution or broker. | <ul style="list-style-type: none"> Agency who is holding the funds, i.e., bank or other financial institution. |
| Zero Income Individual | <ul style="list-style-type: none"> Each adult in the family who is zero income is required to complete, sign, and date the Self-Certification of Zero Income section of the Application for Continued Occupancy. 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. | <ul style="list-style-type: none"> Zero income family member. |
| Zero Income Family* | <ul style="list-style-type: none"> If no family member receives any income, the head of household must complete the Financial Hardship Worksheet. The head of household may be required to provide information regarding their 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: 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 <u>must</u> report changes in income or benefits, within 30 calendar days of the change. | <ul style="list-style-type: none"> All adults in the zero income family. |
| Asset: Face Value of Combined Assets is \$50,000 or Less | <ul style="list-style-type: none"> Complete “Self-Certification of Assets” section of the Application for Continued Occupancy; additional verification is not required. | <ul style="list-style-type: none"> Not required |
| Assets: Face Value of Combined Assets is Greater than \$50,000 | <ul style="list-style-type: none"> The family must complete “Self-Certification of Assets” section of the Application for Continued Occupancy; they must also provide verification of each asset, including (but not limited to): <ul style="list-style-type: none"> IRA, pension, stock or investment account statements Life insurance policy statement (only whole life insurance is an asset) Checking and/or savings account: original bank statements or online bank statement Real estate: most recent mortgage statement | <ul style="list-style-type: none"> Statements and records from the financial institution where the asset is held Mortgage statement from the bank holding the mortgage |



| Income/ Benefit/Expense Received | What Should Be Sent to PHA | Where to Obtain Verification |
|---|--|--|
| Unreimbursed Medical Insurance Premiums: only if the head of household, co-head and/or spouse is elderly (at least 55 years of age) or disabled | <ul style="list-style-type: none"> Benefit letter showing deduction of health insurance premiums and/or insurance bills indicating premiums paid. | <ul style="list-style-type: none"> Company providing the insurance. |
| Full-Time Student Status for Adults (18 years old or older) Other Than the Head of Household, Spouse, or Co-Head | <ul style="list-style-type: none"> School records, transcripts, letter from the school administration verifying full-time student status. | <ul style="list-style-type: none"> School administration office. |

*A zero income family is one where no family member receives any income, contributions and/or benefits on their 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



REQUIRED DOCUMENTS FOR CHANGE IN HOUSEHOLD COMPOSITION

Adding a household member

| What to Send to PHA | Acceptable Documents | Document/s that must be completed by Head of Household and/or new |
|---|--|--|
| <ul style="list-style-type: none"> ? Birth certificates/proof of age/proof of birth for all household members ? Photo ID (if 18 years of age or older) ? Documentation of a valid SSN ? Proof of income for new household members ? If the household member being added is an eligible non-citizen: Permanent Resident Card or other verification of eligible status | <ul style="list-style-type: none"> ? Examples include birth certificate, passport, driver's license, and Social Security letter. ? Clear, valid government-issued photo ID on file for every adult household member ? An original Social Security card issued by the Social Security Administration, SS benefit letter, welfare agency documents, military papers, unemployment insurance documents Eligible non-citizen: Permanent Resident Card, passport or other document with visa or otherwise verifying eligible status | <ul style="list-style-type: none"> ? Add Household member on the <i>Application for Continued Occupancy</i> ? Declaration of Citizenship form (all household members) ? PHA Authorization for the release of information (18 years of age or older) |

Removing a household member

| What to Send to PHA | Acceptable Documents | Document that must be completed by Head of Household |
|--|--|---|
| <ul style="list-style-type: none"> ? Proof that household member has vacated the unit | <ul style="list-style-type: none"> ? Driver's License with the new address ? Lease or utility bill with the new address ? Death Certificate ? Letter from a government agency attesting to the new address ? Notarized statement attesting to the new address | <ul style="list-style-type: none"> ? Circle Remove Household member on the Application for Continued Occupancy |