



REQUIRED DOCUMENTS FOR YOUR RECERTIFICATION - MTW

You **must** provide verification of the following information for **all** members of your family. Unless otherwise indicated in this document, verification documents must be dated within 180 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 pay stubs 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: <https://www.pha.phila.gov/housing/housing-choice-voucher/hcv-recertifications/>.

Income/ Benefit/Expense Received	What to Send to PHA	Where to Obtain Verification
Employment Income (including Military Pay)	<ul style="list-style-type: none"> • Consecutive (in a row) pay stubs dated within the past 180 days for all adult family members except where identified below: <ul style="list-style-type: none"> ○ 4 pay stubs for weekly pay; (ex. pay stubs dated 1/03/2025, 1/10/25, 1/17/25 and 1/24/25) ○ 2 pay stubs for bi-weekly pay (ex. pay stubs that are in a row: 2/10/25 and 2/24/25); or ○ 2 pay stubs for monthly pay. (ex. May 2025 and June 2025) • 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; and 2. Income information to accurately calculate income including salary and/or hours worked per week. • Documentation of other income you expect to receive from employment such as tips, commissions, bonuses, etc. 	<ul style="list-style-type: none"> • Pay stubs in your possession. • You may print pay stubs from employer online payroll records. • The Work Number: https://theworknumber.com/; many employers provide your pay schedule on this website. • Your employer.
Self-Employment or Income from a Business	<ul style="list-style-type: none"> • Prior year’s tax return (including Schedule C and all attachments) • Business financial statements. • 4 consecutive weekly statements and documentation of 4 weeks of expenses, plus any annual or quarterly expenses (ex.: Uber, Lyft, DoorDash). 	<ul style="list-style-type: none"> • Tax returns for the self-employed family member.
Termination of Employment	<ul style="list-style-type: none"> • For any family member who reported employment at the last recertification and is no longer employed, provide a letter of 	<ul style="list-style-type: none"> • Termination letter from the employer.

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	termination from the employer. <ul style="list-style-type: none"> The letter of termination must state the date of termination. 	
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 valid for the current/applicable year. 	<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 <i>Learn about your account</i> under <i>my Social Security account</i>.
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"> Call the DHS Helpline at 1-800-692-7462 (TTY/TTD at 1-800-451-5886) or log onto the 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"> Call the DHS Helpline at 1-800-692-7462 (TTY/TTD at 1-800-451-5886) or log onto the COMPASS website www.compass.state.pa.us.
Unemployment or Worker's Compensation	<ul style="list-style-type: none"> Documentation of unemployment compensation (i.e., unemployment benefit letter or statement from the PA Department of Labor and Industry). Worker's compensation benefit letter. 	<ul style="list-style-type: none"> To obtain a benefit Letter: Access the online database: https://benefits.uc.pa.gov/vosnet/loginintro.aspx?bInStartHere=True&plang=E. You will need to register/your username and password to log in.
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"> 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/cs/sws/.
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"> Benefit letter or statement indicating current amount and frequency of payments. 	<ul style="list-style-type: none"> Human Resources department of company providing the benefits.
Regular Contributions, Support or Gifts	<ul style="list-style-type: none"> If any family member receives any contributions, gifts, or payments on their behalf by organizations or persons outside of the household, provide 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 or organization 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 <i>zero income individual</i> 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, 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. 	<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 the 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"> Complete the Self-Certification of Assets section of the Application for Continued Occupancy; 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/universal life 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.
Unreimbursed Medical Insurance Premiums: only if the head of household, co-head and/or spouse is elderly	<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.



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(at least 55 years of age) or disabled		
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, or letter from the school administration verifying current 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 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