

Income Verification Form - Part "C"

Unit # _____ (County to assign)

Applicant Name: _____

Telephone #: _____

Mailing Address: _____

Town/City/Zip: _____

Street Address: _____

**HYDE COUNTY CDBG NEIGHBORHOOD REVITALIZATION PROGRAM
APPLICATION FOR HOUSING ASSISTANCE**

(To be filled out by the owner-occupant of unit requiring repair)

Note to occupant:

Please attach the most recent IRS [Form 1040 (page 1) or 1040 EZ] **OR** government benefits documentation (i.e., Social Security, SSI, etc.) form for **each household member 18 or older**. If a household member aged 18 or older did not submit a tax return for the most recent calendar year, please indicate why not and attach documentation of government benefits paid and/or an income summary from your employer of monthly or annual income where indicated. Sign this form where indicated and have your signature witnessed.

Income Summary Information for Occupants 18 and Older

a) Head of Household:	c) Additional Occupant:
Sources of Income (list):	Sources of Income (list):
Form 1040 (tax return) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Form 1040 (tax return) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why not:	If no, why not:
Total Income (fill in one and ATTACH DOCUMENTATION): _____ (monthly) _____ (yearly)	Total Income (fill in one and ATTACH DOCUMENTATION): _____ (monthly) _____ (yearly)
b) Additional Occupant:	d) Additional Occupant:
Sources of Income (list):	Sources of Income (list):
Form 1040 (tax return) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Form 1040 (tax return) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why not:	If no, why not:
Total Income (fill in one and ATTACH DOCUMENTATION): _____ (monthly) _____ (yearly)	Total Income (fill in one and ATTACH DOCUMENTATION): _____ (monthly) _____ (yearly)

I, the undersigned head of household, acknowledge that the summary of income shown above is an accurate statement of the income of all household members aged 18 and older who occupy or own the dwelling unit eligible for rehabilitation or reconstruction assistance. I understand that additional investigations into my household income may be conducted by the community development staff, and that I will be disqualified if I have misrepresented the income information listed above.

Head of Household

Witness

Date

**PLEASE SIGN AND RETURN WITH INCOME DOCUMENTATION ATTACHED TO
Hyde County Planning Department, Attn: CDBG Administrator, 30 Oyster Creek Road, Swan Quarter, NC 27885**