



# INCOME VERIFICATION



TO: Department of Jobs & Family Services

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name(s) of Other Household Members: \_\_\_\_\_

\_\_\_\_\_

➔ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

➔ EDEN Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE. THE FOLLOWING INFORMATION IS TO BE COMPLETED BY JFS.**

EDEN is required by Federal Law to verify the income of all members of families applying for admission to subsidized housing and to re-examine periodically the income of our participants because rent is based on the household's income. To comply with this requirement, we ask your cooperation in completing the information applicable to your agency as indicated for the above-named person. The return of this information in the enclosed self-addressed, stamped envelope within 10 days will be greatly appreciated.

Type of income for ALL family members:

ADC Monthly Amount \_\_\_\_\_ Effective Date \_\_\_\_\_

Work Program Monthly Amount \_\_\_\_\_ Effective Date \_\_\_\_\_

Disability Assistance Monthly Amount \_\_\_\_\_ Effective Date \_\_\_\_\_

Medical Spend-Down Monthly Amount \_\_\_\_\_ Effective Date \_\_\_\_\_

Food Stamps Monthly Amount \_\_\_\_\_ Effective Date \_\_\_\_\_

Other Sources of Income Monthly Amount \_\_\_\_\_ Effective Date \_\_\_\_\_

Anticipated Change in Income  
 Yes  No Amount: \_\_\_\_\_ Effective Date \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

HOUSING RESOURCE & DEVELOPMENT AGENCY

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TDD/TTY: 1-800-545-1833, ext. 873

A Contract Agency of the Alcohol, Drug and Mental Health Services Board of Cuyahoga County

