



INCOME VERIFICATION PACKET

You MUST complete the Jobs and Family Service form (1st page of this packet)

All other pages of this packet MUST be signed and returned to our office.

You MUST sign, even if the form does not apply to you.

Do NOT fill out the forms, sign and return them only.

**Please provide addresses, phone and Fax #'s for
Employers and Child Care Providers**

You MUST submit any and all of the following that may apply:

- Verification of income
- 4-6 current pay stubs for all employed household members
- Receipts of amount paid for child care
- Notarized No income statement for all adults with ZERO income

These verifications are still requested, however some employers and/or childcare providers will not respond to our request.

*****Please DO NOT remove pages from this packet*****



Butler Metro
housing authority

4110 HAMILTON MIDDLETOWN RD.
HAMILTON, OH 45011
PHONE: 513-896-4411 FAX 513-737-8522

JOBS AND FAMILY SERVICES- THIS FORM MUST BE COMPLETED

YOU WILL NEED TO ANSWER ALL QUESTIONS AND SIGN AT THE BOTTOM

I, _____, receive the following assistance from the department of Jobs and Family Services

I receive food stamps- *circle one* (YES or NO) Amount \$ _____ per month

I receive cash assistance – *circle one* (YES or NO) Amount \$ _____ per month

I am under sanction for cash assistance – *circle one* (YES or NO)

If yes, the amount of Sanction \$ _____ per month

I have a monthly payment for child care – *circle one* (YES or NO)

\$ _____ amount paid per month- (MUST provide receipts showing amount paid)

I have a monthly medical spend down – *circle one* (YES or NO)

Amount paid per month- \$ _____ (Must provide the last twelve months receipts showing amount paid)

Signature applicant/participant _____ Date _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or agency of the United States as to any matter within its jurisdiction.



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EMPLOYMENT VERIFICATION

DATE: _____
EMPLOYER: _____
ADDRESS: _____
PHONE _____ FAX _____

EMPLOYEE NAME: _____
SSN: _____

I do hereby authorize you to release the information requested below directly to the Butler Metropolitan Housing Authority (BMHA) HCV Department.

Name: _____ Signature: _____ DATE _____
PRINT NAME

The person named above has either applied for or currently resides in assisted housing. BMHA is required by the Department of Housing and Urban Development to verify certain information to determine eligibility for housing assistance. Your cooperation and prompt response to this request for information is greatly appreciated. You may fill in this form and or attach an appropriate computer printout for any needed information. Please return this form directly to our agency by mail, fax, or email.

BMHA REPRESENTATIVE PHONE

****** THE FOLLOWING IS TO BE COMPLETED BY THE EMPLOYER ONLY ******

My Signature Below indicates that the information being provided is correct

Signature of Employer / Title Date Phone Number

Employment information – Please complete all that apply

Employment start date: _____
Currently Employed? Yes No
No longer employed as of: _____
Between Assignments as of: _____
Laid off on: _____
On Leave of absence since: _____
Paid Leave? Yes No Amount of Pay \$ _____

Please check if employment is any of the following:
 Seasonal
 Co-op Student
 Piecework wages
 Work Study
 Title V Funded

Hourly Rate \$ _____ Average Overtime Hours per week: _____
Average Hours worked per week: _____ Average Tips / Commission per week: \$ _____
If work hours vary, average hours per pay: _____ Year to Date earnings: \$ _____

Paid - Daily Weekly Bi-weekly Monthly Semi- Monthly

EMPLOYER - PLEASE PROVIDE PAY INFORMATION (LAST SIX GROSS AMOUNTS AND PAY DATES)

Date Received	Gross Earnings	Date Received	Gross Earnings
1.	\$	4.	\$
2.	\$	5.	\$
3.	\$	6.	\$



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CHILD SUPPORT VERIFICATION

DATE: _____

TO: BUTLER COUNTY CHILD SUPPORT
GOVERNMENT SERVICE BUILDING
315 HIGH ST.
HAMILTON, OH 45011

NAME: _____
SSN _____
CASE # _____

I do hereby authorize you to release the information requested below directly to the Butler Metropolitan Housing Authority (BMHA) HCV Department.

Name: _____ Signature: _____ DATE _____
PRINT NAME

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BMHA REPRESENTATIVE PHONE NUMBER

*****THIS SECTION TO BE COMPLETED BY BUTLER COUNTY CHILD SUPPORT*****

- There is no child support case open or pending for the applicant/participant named above. We have no information regarding any other county.
- There is/are _____ open child support case(s). Following is a current print-out for each child support payment mailed to name listed above.

Name and Title of person supplying information Phone Number & Extension Date

THIS FORM MUST BE MAILED OR FAXED TO THE HCV DEPART. BY THE VERIFYING AGENCY – NOT THE TENANT – DUE TO H.U.D. REGULATIONS.



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HAMILTON, OH 45011
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CHILD SUPPORT VERIFICATION

DATE: _____

TO: HAMILTON COUNTY CHILD SUPPORT
222 E. CENTRAL PARKWAY
CINCINNATI, OH 45202

NAME: _____
SSN _____
CASE # _____

I do hereby authorize you to release the information requested below directly to the Butler Metropolitan Housing Authority (BMHA) HCV Department.

Name: _____ PRINT NAME Signature: _____ DATE _____

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BMHA REPRESENTATIVE

PHONE NUMBER

*****THIS SECTION TO BE COMPLETED BY HAMILTON COUNTY CHILD SUPPORT*****

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- There is/are _____ open child support case(s). Following is a current print-out for each child support payment mailed to name listed above.

Name and Title of person supplying information

Phone Number & Extension

Date

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CHILD SUPPORT VERIFICATION

DATE: _____
TO: _____

NAME: _____
SSN _____
CASE # _____

I do hereby authorize you to release the information requested below directly to the Butler Metropolitan Housing Authority (BMHA) HCV Department.

Name: _____
PRINT NAME

Signature: _____
DATE

The person named above has either applied for or currently resides in assisted housing. BMHA is required by the Department of Housing and Urban Development to verify certain information to determine eligibility for housing assistance. Your cooperation and prompt response to this request for information is greatly appreciated. You may fill in this form and or attach an appropriate computer printout for any needed information. Please return this form directly to our agency by mail, fax, or email.

BMHA REPRESENTATIVE

PHONE NUMBER

*****THIS SECTION TO BE COMPLETED BY THE COUNTY CHILD SUPPORT AGENCY*****

- There is no child support case open or pending for the applicant/participant named above. We have no information regarding any other county.
- There is/are _____ open child support case(s). Following is a current print-out for each child support payment mailed to name listed above.

Name and Title of person supplying information

Phone Number & Extension

Date

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VERIFICATION OF CHILD CARE EXPENSES

DATE: _____

CHILD CARE PROVIDER: _____

ADDRESS: _____

PHONE: _____ FAX _____

TENANT /APPLICANT: _____

ADDRESS: _____

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Name: _____ Signature: _____ DATE _____
PRINT NAME

The person named above has either applied for or currently resides in assisted housing. BMHA is required by the Department of Housing and Urban Development to verify certain information to determine eligibility for housing assistance. Your cooperation and prompt response to this request for information is greatly appreciated. You may fill in this form and or attach an appropriate computer printout for any needed information. Please return this form directly to our agency by mail, fax, or email.

BMHA REPRESENTATIVE

PHONE NUMBER

***** THIS SECTION IS TO BE COMPLETED BY THE CHILD CARE PROVIDER ONLY *****

Names of child/children being cared for:

Number of hours per week that children are in your care: _____

Rate of pay: \$ _____ (circle one) Weekly / Monthly

Actual amount paid by family: \$ _____ (circle one) Weekly / Monthly

Does the family receive Child Care Assistance? (circle one) Yes / No

*I certify that the above information is true and accurate:

Provider's Signature _____ Date _____

Providers Address: _____ Phone number: _____

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