



Ann Arbor Housing Commission

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<http://www.a2gov.org/housingcommission>

ANN ARBOR HOUSING COMMISSION

HOH _____

SSN _____

SELF-CERTIFICATION FOR LOSS OF INCOME OR BENEFIT

When information cannot be verified by a third party or by review of documents, family members will be required to submit self-certifications attesting to the accuracy of the information they have provided to the PHA. The PHA may require a family to certify that a family member does not receive a particular type of income or benefit.

INSTRUCTIONS

The self-certification must be signed by the family member whose information or status is being verified. Check the box next to the type of income or benefit that is no longer received.

This is to certify that _____ no longer receive income from the following source:

	TYPE OF INCOME OR BENEFIT	EFFECTIVE DATE
	Income from wages, salaries, tips, etc. Please list	
	Employer Name:	
	Business Income	
	Interest & Dividend Income	
	Retirement & Insurance Income	
	Unemployment & Disability Income	
	Welfare Assistance (DHS Cash Assistance)	
	Alimony, Child Support, & Gift Income (Outside	
	Armed Forces Income	
	Other (List type of income):	

Please explain why third-party verification was not available.

Signature of the person who lost the benefit

Date

AAHC Staff name: _____

Q:\HOUS\Section 8\forms\verification\Loss of Income

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