

**COMMONWEALTH OF VIRGINIA  
FEDERAL TAX CREDIT PROGRAM**

**PUBLIC HOUSING AUTHORITY (PHA)  
INCOME CERTIFICATION**

To: \_\_\_\_\_  
(Local PHA)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Address)

Re: \_\_\_\_\_  
(Applicant/Tenant)

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This will serve as authorization for the above agency to release the information requested.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

This is to certify that \_\_\_\_\_ (Applicant/Tenant's name) who is the holder of a Section 8 Certificate/Voucher from this PHA has a gross annual income of \$ \_\_\_\_\_ as of \_\_\_\_\_ (Date). On that date the household consisted of \_\_\_\_\_ members.

I understand that you need this information to certify that this applicant/tenant's household is in compliance with tax credit income restrictions under Section 42(g) of the Internal Revenue Code.

Also, if available, attached is a copy of the applicant/tenant's Form 50058/50059.

\_\_\_\_\_  
(Name of PHA)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

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**PLEASE RETURN FORM TO:**

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State and Zip Code)