

HOUSING CHOICE VOUCHER PROGRAM

Administrative Plan – Appendix B

Determination of Tenant Rent to Owner



State of New Jersey
Department of Community Affairs
Division of Housing and Community Resources

State Fiscal Year 2020
(July 1, 2020 – June 30, 2021)



<http://www.nj.gov/dca/divisions/dhcr/>

TABLE OF CONTENTS

I. Definition of Annual Income	Page
Income Inclusions	1
Income Exclusions	2
Projecting Total Annual Income	5
Computing Total Annual Income	5
Income of Dependents	5
Income from Assets	6
Income of Temporarily Absent Military Personnel	6
Income of Confined Household Members	6
Regular Contributions or Gifts	7
Alimony and Child Support	7
Net Income from a Business	7
Lump-Sum Payments Counted as Income	7
Disallowance of Increase in Earned Income for Persons with Disabilities	8
II. Net Family Assets	
Summary of Asset Inclusions and Exclusions	9
Valuing Assets	11
Assets Disposed of for Less Than Fair Market Value	11
Joint Ownership	12
Annual Income Exercise: Murphy Household	13
• Real Property Worksheet	
• Calculation of Total Annual Income	

TABLE OF CONTENTS

III. Adjusted Income	Page
Dependent Allowance	16
Elderly/Disabled Household Deduction	16
Child Care Expenses	17
Allowance for Disability Assistance Expenses	18
Medical Expenses	19
Special Calculation for Households That Are Eligible for Disability Assistance Expenses and Medical Expenses	20
Adjusted Income Exercise: Kramden Household	21
• Calculation of Total Annual Income	
IV. Verification of Income, Assets, and Adjustments to Income	
Verification Requirements	23
Verification Validity Period	23
V. EXHIBITs	
A-1 Acceptable Forms of Verification	25
A. Income	
B. Net Family Assets	
C. Adjustments to Income	
A-2 Record of Third Party Verification: Review of Documents	31
A-3 Certification of No Income	32
A-4 Pharmacist's Estimate of Medication Costs	33
A-5 Physician's Estimate of Required Office Visits and Costs	34

TABLE OF CONTENTS

	Page
A-6 Summary of Medical Expenses	35
A-7 Request for Verification of Income	36
A-8 Request for Verification	37
A-9 Verification of Benefits	38
A-10 Verification of Bank Accounts	39
A-11 Certification of Need for Live-in Aide	40
A-12 Request for Verification of Full-Time Student Status	41

Definition of Annual Income (24 C.F.R. §5.609)

Income Inclusions

Annual income means all amounts, monetary or not, which:

- Go to, or on behalf of, the head of household or spouse (even if temporarily absent) or to any other household member; or
- Are anticipated to be received from a source outside the household during the twelve (12) month period following admission or annual reexamination effective date; and
- Which are not specifically excluded in 24 C.F.R. §5.609 (c).
- Annual income also means amounts derived (during the twelve (12) month period) from assets to which any member of the household has access.

Annual income includes, but is not limited to:

1. The full amount, before any payroll deductions and garnishments, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
2. The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in IRS regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the household;
3. Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in paragraph (2) of this section. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the household. Where the household has net assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;
4. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in item 17 of Income Exclusions);
5. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in item 3 of Income Exclusions);

6. Welfare Assistance. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:
 - (a) The amount of the allowance or grant exclusive of the amount specifically designed for shelter or utilities; plus
 - (b) The maximum amount that the welfare assistance agency could in fact allow the household for shelter and utilities. If the household's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage;
7. Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling;
8. All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in item 7 of Income Exclusions); and
9. Any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965 (20 U.S.C. §1001 *et seq.*), from private sources, or from an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. §1002)), shall be considered income to that individual, except that financial assistance described in this paragraph is not considered annual income for a person over the age of 23 with dependent children or for a person with disabilities who was receiving housing assistance as of November 30, 2005. For purposes of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income (also see item 6 of Income Exclusions).

Income Exclusions

Annual income does not include the following:

1. Income from employment of children (including foster children) under the age of 18 years;
2. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
3. Lump-sum additions to household assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in item 5 of Income Inclusions);
4. Amounts received by the household that are specifically for, or in reimbursement of, the cost of medical expenses for any household member;

5. Income of a live-in aide, as defined in 24 C.F.R. §5.403;
6. The full amount of student financial assistance paid directly to the student or to the educational institution when the student is residing with his or her parents, or is residing with parents who are applying to receive Section 8 assistance (also see item 9 of Income Inclusions);
7. The special pay to a household member serving in the Armed Forces who is exposed to hostile fire;
8. Amounts received under training programs funded by HUD;
9. Amounts received by a person with a disability that are disregarded for a limited time for purposes of SSI eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
10. Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
11. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiatives coordination. No resident may receive more than one (1) such stipend during the same period of time;
12. Incremental earnings and benefits resulting to any household member from participation in qualifying state or local employment training programs (including training programs not affiliated with a local government) and training of a household member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the household member participates in the employment training program;
13. Temporary, nonrecurring or sporadic income (including gifts);
14. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
15. Earnings in excess of \$480 for each full-time student, 18 years old or older (excluding the head of household and spouse);
16. Adoption assistance payments in excess of \$480 per adopted child;

17. Deferred periodic amounts from Supplemental Security Income and Social Security benefits that are received in a lump-sum amount or in prospective monthly amounts;
18. Amounts received by the household in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;
19. Amounts paid by a state agency to a household with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home;
20. The value of the allotment provided to an eligible household under the Food Stamp Act;
21. Payments to volunteers under the Domestic Volunteer Services Act;
22. Payments received under the Alaska Native Claims Settlement Act;
23. Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes;
24. Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program;
25. Payments received under programs funded in whole or in part under the Job Training Partnership Act;
26. Income derived from the disposition of funds of the Grand River Band of Ottawa Indians;
27. The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court;
28. Payments received from programs funded under Title V of the Older Americans Act;
29. Payments received on or after January 1, 1989 from the Agent Orange Settlement Fund;
30. Payments received under the Maine Indian Claims Settlement Act;
31. The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990;
32. Earned income tax credit (EITC) refund payments received on or after January 1, 1991;
33. Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990;
34. Any allowance to a child suffering from spina bifida who is the child of a Vietnam veteran;

35. Any amount of crime victim compensation received under the Victims of Crime Act;
36. Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998;
37. Increases in the earned income of an adult household member who is a person with disabilities;
38. Kinship care payments for children living with a related legal guardian; and
39. Any *deferred* Department of Veterans Affairs (VA) disability benefits that are received in a lump-sum amount or in prospective monthly amounts.

Projecting Total Annual Income

Annual income is the gross amount of income anticipated to be received by the household during the twelve (12) months following the effective date of the certification or reexamination.

The rules are structured so that the definition of annual income includes income from all sources except those specifically excluded by 24 C.F.R. §5.609(c).

Computing Total Annual Income

Use current circumstances to anticipate income, unless verification forms indicate an imminent change.

Annualize all income, including income that may not last the full twelve (12) months (such as unemployment benefits). When circumstances change, an interim reexamination may be processed (EXHIBIT 11-2).

Convert earned income to annual income as follows:

- Multiply average weekly wage by 52.
- Multiply average bi-weekly wage by 26.
- Multiply average semi-monthly wage by 24.
- Multiply average monthly wage by 12.

Income of Dependents

Earnings in excess of \$480 for each full-time student, 18 years old or older (excluding the head of household and spouse) are excluded.

Income from the employment of children (including foster children) under the age of 18 years is not counted.

Benefits and other non-earned income paid directly to or on behalf of a dependent are counted.

Payments received for the care of foster children or foster adults are not counted.

Income from Assets

When a Family’s Declaration of Assets Under \$5,000 (§§ 960.259, 982.516) count as income and the anticipated income to be received from the assets is \$5,000 or less. DCA will obtain third-party documentation of assets every 3 years.

When family assets are more than \$5,000, use the greater of:

- The anticipated income from the assets; or
- A percentage of the value of the assets based on the current passbook savings rate.

The current passbook savings rate is 2.0 percent.

For example:

- An applicant has \$8,000 in assets.
- Anticipated income from assets is \$220.
- Amount based on the current passbook savings rate is:

$$\begin{array}{r}
 8,000 \\
 \times 0.02 \text{ (passbook savings rate)} \\
 \hline
 \$160
 \end{array}$$

In this case, use \$220 to compute total annual income.

Income of Temporarily Absent Military Personnel

The program must determine if absent military personnel are household members. If they are, all regular pay, special pay and allowances must be counted even if the full amount is not available to the household. The special pay to a household member who is exposed to hostile fire, however, is not counted.

Income of Confined Household Members

If a household member is confined to a nursing home or a hospital on a long-term or permanent basis, the program must determine whetherto:

- Include the income of the household member to take any deductions for which the individual would qualify; or
- Exclude the income and not take any deductions for the individual.

Regular Contributions or Gifts

Regular contributions or gifts, received from organizations or from persons not residing in the assisted unit, must be counted as income. This may include rent and utility payments paid on behalf of the household and other cash or non-cash contributions provided on a regular basis. (It does not include amounts the household received or benefited from that are specifically for the cost of medical expenses for any household member. See income exclusion number 4 on page 2.)

The program should determine whether non-cash contributions are provided on a regular basis or are temporary, nonrecurring or sporadic contributions that should not be counted.

Alimony and Child Support

Count amounts awarded as part of a divorce or separation agreement unless the program verifies that the income is not provided. If the household is not receiving the full amount, it should have made a reasonable effort to collect amounts due including filing with courts or agencies responsible for enforcing payment.

Net Income from a Business

Income from a business includes net income, salaries and other amounts distributed to household members from the business.

Generally, net income equals gross income less business expenses for depreciation of assets based on straight-line depreciation as provided in IRS regulations. Expenditures for business expansion or amortization of capital indebtedness may not be used as deductions in determining net income.

Withdrawal of cash or assets from a business is counted as income except when the withdrawal is reimbursement of cash or assets invested in the business by the household.

Lump-Sum Payments Counted as Income

Generally, lump-sum amounts received by a household are considered assets, not income. Examples include:

- Inheritances;
- Insurance payments;
- Cash from the sale of property or other assets;
- Lottery winnings paid in one payment; and
- Capital gains.

Lump-sum payments caused by delays in processing periodic payments such as unemployment benefits or welfare assistance are counted as income. However, deferred periodic amounts from

Supplemental Security Income and Social Security benefits that are received in a lump-sum amount or in prospective monthly amounts are excluded.

For example:

Household member lost job on April 20th.

The program processes an interim reexamination, based upon no earned income, which reduces the tenant rent to owner to zero effective on May 1st.

On June 10th, the household receives a lump-sum payment of \$1,400 to cover the period of time from April 21 through June 7 and begins to receive \$200 per week.

The program processes an interim reexamination effective on August 1st which includes the following as annual income:

1,400	Lump-sum payment
+ 10,400	\$200/week unemployment
\$11,800	Total annual income

Disallowance of Increase in Earned Income for Persons with Disabilities

This disallowance applies to households whose annual income increases because of employment of a disabled adult household member in any of the following circumstances:

- The disabled household member who is employed was unemployed for one (1) or more years before employment (this includes people who have earned less than they would have received at minimum wage for ten (10) hours of work for fifty (50) weeks).
- The disabled household member has increased earnings during participation in any economic self-sufficiency or other job-training program.
- The disabled household member has either increased earnings or new employment and has received assistance, benefits or services from the TANF Program in the last six (6) months that are worth at least \$500. The benefits and services could include one-time benefits, stipends, wage subsidies, or other forms of assistance.

This exclusion applies to the Housing Choice Voucher Program and the following HUD programs:

- Public Housing;
- HOME Investment Partnerships;
- Housing Opportunities for Persons with AIDS; and
- Supportive Housing.

For example:

If a household was receiving public assistance of \$4,078 per year, and a disabled adult household member went to work earning \$5.75 per hour for a thirty (30) hour workweek, the household's

income would increase to \$8,970 per year. The \$4,892 difference between the household's former welfare income and the new earned income is the amount subject to the exclusion.

Initial twelve (12) month exclusion. The entire amount of increased earned income is excluded for the first twelve (12) months following the point when the employment begins or the household first experiences an increase in annual income attributable to employment.

Second twelve (12) month exclusion and phase-in. During the second twelve (12) month period, only 50 percent of the increased amount is excluded.

In this case (and assuming no other changes in income during the period discussed), the household's rent would continue to be calculated on the former income of \$4,078 for twelve (12) months and then, during the second twelve (12) months, would be increased by \$2,446, which is 50 percent of the \$4,892 increase in earned income.

all HUD programs to which the EID applies (including the HOPWA program) are aligned, the lifetime disallowance is retained, and the requirement to maintain continual employment is dropped. Ultimately, the only change to the existing regulation adopted in the final rule is that the benefit now applies for a straight 24-month period, with a clear start date and end date, irrespective of whether a family maintains continual employment during the 24-month period. PHAs and grantees are no longer obliged to track employment starts and stops but only the start date, the 12-month date (on which the amount of the disregard may change from 100 percent to not less than 50 percent of earned income), and the 24-month (end) date.

There are special provisions for households that move in and out of employment. There is a maximum term for the combined full and 50 percent exclusion of forty-eight (48) months beginning at the time of the first employment related exclusion. For example, if a disabled household member goes to work on April 15, 2001 and stops work on October 15, 2001 that member would still be entitled to another six (6) months of full exclusion. If the disabled person does not return to work until April 15, 2003, the full exclusion period will end on October 15, 2003. At this point, if the disabled person is still employed, they begin the 50 percent exclusion period. Regardless of what may happen in their employment history, they cannot receive the benefit of the 50 percent exclusion period after April 15, 2005, because this is the point when the forty-eight (48) month limit will be reached.

If the household's income changes in some other way, their share of the rent is adjusted. For example, if a person with additional income joins the household an interim reexamination is conducted as usual.

The disallowance of increases in income does not apply for purposes of admission to the program.

Net Family Assets (24 C.F.R. §5.603, Definitions)

Assets Include:

1. The current balance in a savings account and the average balance for the last six (6) months in a checking account. The DCA will disregard the first \$1,000 in a household's checking account.
2. Stocks, bonds, and other forms of capital investment.
3. The equity in real estate. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and reasonable costs (such as broker fees) that would be incurred in selling the asset.
4. The cash value of a trust that is available to the household.
5. IRA, Keogh and similar retirement savings accounts, even though withdrawal would result in a penalty.
6. Contributions to company retirement/pension funds. While a person is employed, count only amounts the individual can withdraw without retiring or terminating employment.
7. Personal property held as an investment such as jewelry, gems, coin collections, etc.
8. Lump-sum receipts such as inheritances, insurance payments, capital gains and settlement for personal or property losses.
9. The value of any business or household assets disposed of by an applicant or participant for less than fair market value, during the two (2) years preceding the date of application for the program or reexamination, in excess of the consideration received.
10. Value of life insurance policies with a "cash value" such as whole life, variable life and universal life. (Term insurance policies do not have a cash value)

Assets Do Not Include:

1. Necessary items of personal property such as furniture and automobiles.
2. Interest in Indian trust land.
3. The value of a home currently being purchased with assistance under the Homeownership Program. This exclusion is limited to the first ten (10) years after the purchase date of the home.
4. Equity in the cooperative unit or manufactured home in which the household lives.

5. The value of a trust fund where the trust is not revocable by, or under the control of, any member of the household.
6. Assets that are part of an active business or farming operation. (Rental properties are considered personal assets held as an investment rather than business assets unless real estate is the applicant's or participant's main occupation.)
7. Assets not accessible to the household and which provide no income to the household.

Valuing Assets

The value of assets may affect the family rent to owner because of the requirement to impute income if assets are greater than \$5,000.

When determining the cash value of an asset, the program must take into consideration the expenses involved in converting the asset to cash, such as:

- Penalties for premature withdrawal;
- Broker and legal fees; and
- Settlement costs for real estate transactions.

Assets Disposed of for Less Than Fair Market Value

In determining net family assets, the program shall include the value of any business or family assets disposed of by an applicant or a participant for less than fair market value during the two (2) years preceding the date of application for the program or reexamination in excess of the consideration received.

For example:

An applicant "sold" her home to her daughter for \$25,000. The property was valued at \$75,000 and had no loans secured against it. Broker fees and settlement costs are estimated at \$7,500. The amount to be included as an asset is \$42,500.

\$75,000	Market value
- 25,000	Sale price to daughter
<u>- 7,500</u>	Fees
\$42,500	Cash value

HUD does not specify a minimum threshold for counting assets disposed of for less than fair market value. The program may establish a threshold that will enable the DCA to ignore small amounts such as donations to churches and charitable contributions. The DCA will not take into account an asset disposed of for less than fair market value when the cash value of the asset is less than \$1,000.

In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair market value if the applicant or participant receives important consideration not measurable in dollar terms.

Assets disposed of as a result of a foreclosure or bankruptcy are not considered assets disposed of for less than fair market value.

Verification of the cash value of an asset that was disposed of for less than fair market value is generally done by household certification of the following:

1. Identity of the asset;
2. Date the household disposed of the asset;
3. Amount the household received; and
4. The asset's fair market value at the time of disposition.

Joint Ownership

Assets that, although owned by more than one person, allow unrestricted access by the applicant or participant are counted in full.

Annual Income Exercise

Household Composition

Mark Murphy	Age 45	Head of household
Gail Murphy	Age 42	Spouse
Michael Murphy	Age 19	Son
Suzanne Murphy	Age 16	Daughter

Assets and Income from Assets

Checking account: 6 month average balance equals \$200 with no interest earned.

Savings account: current balance equals \$2,000. Anticipated annual interest earned is \$50.

Rental property appraised at \$80,000 with a mortgage balance of \$60,000.

Property is rented for \$5,400 per year. Annual expenses include:

- Interest on mortgage \$1,200
- Taxes \$2,500
- Insurance \$450
- Maintenance \$600
- Total \$4,750

The anticipated expenses to convert this asset to cash are equal to 10 percent of the fair market value of the property.

Other Income

Annual Amount

Mr. Murphy	Full-time job @ \$9.50/hour with a 40 hour workweek.	<u>\$19,760</u>
Mrs. Murphy	Part-time job @ \$150/week.	<u>7,800</u>
Michael	Full-time student with a part-time job @ \$8.00/hour with a 15 hour work week.	<u>480¹</u>
Michael	Receives a scholarship of \$3,500. His tuition, fees, etc. total \$5,000.	<u>N/A</u>
Suzanne	Full-time student with a part-time job @ \$400/month.	<u>N/A</u>

Total: \$28,040

¹ Earnings in excess of \$480 for a full-time student who is 18 years old or older are excluded.

Real Property Worksheet

1. Cash Value of the Asset:

\$80,000	Fair market value
<u>- 60,000</u>	Mortgage balance
\$20,000	Equity

\$20,000	Equity
<u>- 8,000</u>	Expenses to convert to cash ²
\$12,000	Cash value

2. Income Generated by the Asset:

	\$5,400	Annual rental income
	<u>- 4,750</u>	Expenses ³
\$650		Annual income

² A standard allowance of ten percent of the current fair market value will be used unless the household verifies that their actual expenses were greater. Allowable expenses based upon IRS Publication 2119 *Sale of Your Home* include:

- Commissions
- Advertising
- Attorney and legal fees
- Title insurance
- Transfer and stamp taxes
- Recording fees
- Loan charges such as points charged to the seller

³ Expenses:

\$1,200	Interest on mortgage
2,500	Taxes
450	Insurance
<u>+ 600</u>	Maintenance
\$4,750	Total

Calculation of Total Annual Income

1. Type of Asset	2. Cash Value	3.	Actual Income
Savings Account	\$2,000		\$50
Checking Account ⁴	0		0
Real Estate	12,000		650
Stocks, Bonds, CDs	0		0
Trust Account	0		0
IRA, Keogh	0		0
Total	\$14,000		\$700

If the total in item 2 exceeds \$5,000, complete item 4, otherwise, enter N/A in item 4 and go to item 5.

4. Imputed income from assets (item 2 x passbook rate of 2.0%) \$280

5. Annual income

Wages	\$28,040
Social Security/SSI	0
Welfare	0
Pension	0
Alimony/Child Support	0
Unemployment	0
Disability	0
Net Business Income	0
Other	0
Total	\$28,040

6. Income from assets (greater of item 3 or item 4) \$700

7. Annual income (item 5 + item 6) \$28,740

⁴The DCA will disregard the first \$1,000 in a household's checking account.

Adjusted Income (see 24 C.F.R. §5.611)

Adjusted income means annual income less the following: For

all households:

- \$480 for each dependent;
- Reasonable child care expenses; and
- Unreimbursed disability assistance expenses.

For any elderly family or disabled household:

- A \$400 household allowance; and
- Unreimbursed medical expenses.

Dependent Allowance

The household receives a \$480 allowance for each household member who is:

- Under 18 years of age;
- A person with a disability; or
- A full-time student (see EXHIBIT A-12).

The head of household, spouse, co-head of household, foster children, foster adults or live-in aide are never counted as dependents.

A full-time student is a person who is carrying a subject load that is considered full-time for day students under the standards and practices of the educational institution attended. An educational institution includes a vocational school with a diploma or certificate program as well as an institution offering a college degree.

Elderly/Disabled Household Deduction

A deduction of \$400 per household is permitted for all households in which the head of household or spouse is at least 62 years of age, or a person with disabilities.

The \$400 is a household deduction. Only one (1) elderly household deduction per household is permitted, even if both the head of household and spouse are elderly or disabled.

Child Care Expenses

Reasonable child care expenses for the care of children, including foster children, less than 13 years of age may be deducted from annual income if all of the following are true:

1. The care is necessary to enable a household member to actively seek employment, be gainfully employed, or to further his or her education;
2. An agency or individual outside the household does not reimburse the expense;
3. An adult household member capable of providing child care is not available; and
4. The expenses do not exceed the amount of employment income that is included in annual income.

Child support payments to guardians or estranged partners on behalf of a minor who is not living in the assisted household cannot be deducted.

When more than one (1) household member works, the program must determine which household member is enabled to work. A good general rule would be to assume that the child care expenses enable the lowest paid individual to work, unless this is obviously not the case.

When a household member works and goes to school, the program must prorate the expense so that the appropriate portion can be compared with the amount of employment income that is included in total annual income.

When the same care provider takes care of a child and a person with a disability over the age of 12, the verification must be itemized because of the 3 percent rule with disability assistance expenses.

For example:

Head	\$15,000	Wages
Spouse	\$8,000	Wages
Son	Age 12	
Son	Age 15	Person with disabilities

Both sons are cared for by one (1) care provider who charges \$150 per week (\$50 for child care and \$100 for disability assistance expenses).

$$50 \times 52 = \$2,600 \quad \text{Child care}$$

100 x 52 = \$5,200	Total disability assistance expenses
	<u>- 690</u> 3% of annual income
	\$4,510 Allowable disability assistance expenses

Allowable disability assistance expenses	\$4,510
Allowable child care	+ <u>2,600</u>
	\$7,110

The total (\$7,110) is allowable because it does not exceed the employment ceiling of \$8,000.

Allowance for Disability Assistance Expenses

Reasonable expenses that are anticipated for attendant care and auxiliary apparatus for a disabled family member if such expenses:

1. Enable a household member, including the disabled member, to be employed;
2. Exceed 3 percent of total annual income;
3. Do not exceed the earned income of the household member enabled to work; and
4. Are not reimbursed by an outside source.

Auxiliary apparatus are items such as wheelchairs, ramps, adaptations to vehicles, special equipment to enable a blind person to read or type, etc., if directly related to permitting the disabled member or other household member to be employed.

For example:

Head	Age 39	Earned income	\$19,000
Spouse	Age 35	Earned income	\$10,000
Son	Age 11	Person with disabilities	

Total disability assistance expenses are \$5,000.

Allowance for disability assistance expenses:

\$29,000	Total annual income
<u> x.03</u>	
\$870	3% of total annual income
\$5,000	Total disability assistance expenses
<u>- 870</u>	3% of total annual income
\$4,130	Allowable disability assistance expenses

The \$4,130 allowance for disability assistance is not greater than the amount earned by the household member enabled to work (the spouse).

If the household has both child care expenses and disability assistance expenses, the expenses must be prorated since they are computed differently.

A household whose head of household or spouse is elderly or a person with disabilities is also permitted a deduction for medical expenses. If a household has both disability assistance expenses and medical expenses, a special calculation is required (see page 20).

Medical Expenses

A deduction for medical expenses is permitted only for households in which the head of household or spouse is at least 62 years of age or a person with disabilities. If the household is eligible for a medical expense deduction, the expenses of all household members may be considered.

Medical expenses⁵ are out-of-pocket expenses anticipated to be incurred by the household during the twelve (12) month certification/reexamination period. They may include:

- Contact lenses and the cost of equipment and materials required for using contact lenses, such as saline solution and enzyme cleaner;
- Dental treatment;
- Eyeglasses and fees paid for eye examinations;
- Hearing aids and the batteries to operate them;
- Hospital services;
- Insurance premiums;
- Laboratory fees;
- Medical services provided by physicians, surgeons, specialists, or other medical practitioners;
- Medicines (except for insulin, only prescribed medicines and drugs are allowed);
- Nursing services;
- Oxygen and oxygen equipment;
- Transportation; and
- X-ray fees.

See EXHIBIT A-1 for a listing of acceptable forms of verification.

The medical expense allowance is that portion of total medical expenses that is in excess of 3 percent of total annual income.

For example:

Head of household Age 62
Spouse Age 61

Total annual income: \$15,000

Total medical expenses: \$1,500

\$15,000	Total annual income
<u> x 0.03</u>	
\$450	3% of total annual income

\$1,500	Total medical expenses
<u>- 450</u>	3% of total annual income
\$1,050	Allowance for medical expenses

⁵ For a complete list of allowable items, see IRS Publication 502: *Medical and Dental Expenses*.

If the household has both disability assistance expenses and medical expenses a special calculation is required (see below).

Special Calculation for Households That Are Eligible for Disability Assistance Expenses and Medical Expenses

If a household has both medical expenses and disability assistance expenses, 3 percent of total annual income must first be deducted from the disability assistance expenses. Any remainder is deducted from medical expenses.

Example #1:

A household has \$1,000 in medical expenses and \$500 in disability assistance expenses. Their total annual income is \$20,000. The disability assistance enables a household member to work and earn \$5,000. Three percent of total annual income is \$600.

Total disability assistance expenses	\$500
Minus 3% of total annual income	<u>- 600</u>
	(\$100)

Allowance for disability assistance 0

Total medical expenses	\$1,000
Minus balance of 3% of total annual income	<u>- 100</u>
Allowance for medical expenses	\$900

Example #2:

A household has \$1,000 in medical expenses and \$4,000 in disability assistance expenses. Their total annual income is \$20,000. The disability assistance enables a household member to work and earn \$3,000. Three percent of total annual income is \$600.

Total disability assistance expenses	\$4,000
Minus 3% of total annual income	<u>- 600</u>
	\$3,400

Allowance for disability assistance (it cannot exceed income earned) \$3,000

Total medical expenses \$1,000

Allowable medical expenses (the entire 3% was deducted to compute the allowance for disability assistance) \$1,000

Adjusted Income Exercise

Household Composition

Ralph Kramden	Age 63	Head of household
Alice Kramden	Age 60	Spouse, co-head of household

Assets

- Joint savings account with a current balance of \$8,000. Projected interest income is \$240.
- Non-interest bearing checking account. The average balance for the last 6 months is \$300.

Income

Ralph

- Social Security \$600/month
- Pension \$150/month

Alice

- Part-time job \$200/week

Medical Expenses

Ralph

- Medicare premium \$300/year
- Medication \$100/year

Alice

- Eye examination \$90/year
- Eyeglasses \$150/year
- Health insurance \$600/year

Calculation of Total Annual Income

1. Type of Asset	2. Cash Value	3.	Actual Income
Savings Account	\$8,000		\$240
Checking Account ⁶	0		0
Real Estate	0		0
Stocks, Bonds, CDs	0		0
Trust Account	0		0
IRA, Keogh	0		0
Total	\$8,000		\$240

If the total in item 2 exceeds \$5,000, complete item 4, otherwise, enter N/A in item 4 and go to item 5.

4. Imputed income from assets (item 2 x passbook rate of 2.0%) \$160

5. Annual income	
Wages	\$10,400
Social Security/SSI	7,200
Welfare	0
Pension	1,800
Alimony/Child Support	0
Unemployment	0
Disability	0
Net Business Income	0
Other	0
Total	\$19,400

6. Income from assets (greater of item 3 or item 4) \$240

7. Annual income (item 5 + item 6) \$19,640

⁶The DCA will disregard the first \$1,000 in a household's checking account.

Verification of Income, Assets, and Adjustments to Income Verification

Requirements

The program must obtain and document in the tenant file third party verification of the following factors, or must document in the tenant file why third party verification was not available (see 24 C.F.R. §982.516):

1. Reported total annual income;
2. The value of assets;
3. Expenses related to deductions from total annual income; and
4. Other factors that affect the determination of adjusted income.

All factors affecting eligibility and the tenant rent to owner must be verified in accordance with the standards of EXHIBIT A-1, Acceptable Forms of Verification.

Three (3) methods of verification are acceptable. They are, in the order of acceptability:

1. Third party written verification (may not be hand-carried by a member of the household), or third party oral verification (direct contact with a reliable source).
2. Review of original documents (EXHIBIT A-2), only when third party verification is not possible.
3. Household certification (notarized statement), when third party verification or review of documents is not possible.

Time limits do not apply to information that does not need to be re-verified (age, disability, etc.). For interim reexaminations, only those factors that have changed must be re-verified.

All certifications from a third party, including facsimile transmissions, must be on the agency's letterhead, dated and signed by the appropriate representative of the agency.

Only original documents that identify the household member by name or Social Security number are acceptable. The program representative is required to photo-copy any original documents provided by the household, initial and date the copy in the lower right corner, and return the original to the head of household.

Original documents may be photocopied except where prohibited by law (e.g. government checks).

Verification Validity Period

All verification documents must be dated and current. A document used to determine initial program eligibility must not be dated more than sixty (60) days before the issuance date of a Voucher. At the time of execution of a HAP Contract, the program will reconfirm household composition and total annual income. If circumstances have not changed, according to the family,

the program does not have to obtain new verifications. If a change in circumstances has occurred, new verifications must be obtained.

A document that is used for an annual reexamination must not be dated more than 120 days before the HAP Contract anniversary date. A document that is used for an interim reexamination must not be dated more than 120 days before the effective date of the interim reexamination. Any verification document that exceeds the applicable validity period must be re-verified.

EXHIBIT A-1

Acceptable Forms of Verification

A. Income

Wages/Salaries

1. Use of computer matching to obtain wage information electronically from the New Jersey Department of Labor and also from HUD's Enterprise Income Verification (EIV) System.
2. A *Verification of Employment* form (EXHIBIT A-8) completed by the employer.
3. A signed and dated letter on company letterhead specifying the gross pay per pay period and the payment schedule.
4. At least two (2) current and consecutive pay stubs that show the employer's name, gross pay per pay period, and the payment date.
5. A notarized certification by the household member that declares the member's total annual income from earnings.

Social Security Benefits

1. Use of HUD's Tenant Assessment Subsystem (TASS) and EIV System to obtain current benefit history reports for program participants.
2. A *Verification of Benefits* form (EXHIBIT A-9) completed by the Social Security Administration.
3. An original award or benefit notification letter from the Social Security Administration.
4. A computer printout from the Social Security Administration.

Welfare Benefits

1. A *Verification of Benefits* form (EXHIBIT A-9) completed by the welfare agency.
2. An original award or benefit notification letter from the welfare agency.
3. A signed and dated letter on the agency's letterhead specifying the gross monthly benefit amount.
4. A check stub from the welfare agency.

Pensions

1. A *Verification of Benefits* form (EXHIBIT A-9) completed by the pension provider.
2. An original benefit notice from the pension provider that verifies the payment schedule and the gross benefit amount.
3. An original check stub from the pension provider showing the monthly gross benefit amount.

EXHIBIT A-1

Alimony or Child Support

1. A *Verification of Benefits* form (EXHIBIT A-9) completed by the agency that monitors payment (e.g. DYFS, probation, etc.).
2. A computer printout from the agency that monitors payment.
3. The original court order, separation or settlement agreement, or divorce decree stating the amount of payment, the type of support, and the payment schedule.
4. A notarized letter from the person paying the support identifying the amount of payment, the type of support, and the payment schedule.
5. A notarized certification by the head of household that declares the amount being received, the payment schedule and the name and address of the payer.

Unemployment Benefits

1. Use of computer matching to obtain unemployment compensation information electronically from the New Jersey Department of Labor, and also from HUD's EIV System.
2. A *Verification of Benefits* form (EXHIBIT A-9) completed by the unemployment agency.
3. An original benefit notice or unemployment check stub, or computer printout from the unemployment agency showing the weekly benefit rate.

Disability or Worker's Compensation

1. A *Verification of Benefits* form (EXHIBIT A-9) completed by the benefit provider.
2. An original benefit notification letter from the benefit provider that verifies the payment schedule and the gross benefit amount.

Self-Employment

1. A certified IRS tax return, for the prior year, including Schedule C, *Profit or Loss from Business or Profession*, and any other applicable attachments.
2. A certified accountant's financial statement showing the net annual income of the business.
3. A notarized certification by the head of household that declares the net income realized from the business during the previous year.

Regular Contributions or Gifts

1. A notarized certification by the person or agency providing the assistance stating the purpose of the gifts, the dates given, and the value of the gifts.
2. A notarized certification by the head of household identifying the provider's name and address, the purpose of the gifts, their value, and the dates received.

EXHIBIT A-1

Household with No Income

1. The head of household completes a *Certification of Household Income* form and certifies that the household is receiving no income.
2. Each month, until a stable source of income is verified, the head of household must certify that the household receives no income by signing a *Certification of No Income* form (EXHIBIT A-3).

B. Net Family Assets

Savings Accounts and Checking Accounts

1. A *Verification of Bank Accounts* form (EXHIBIT A-10) completed by the financial institution.
2. An account statement or passbook from the financial institution showing the current balance in a savings account and the rate of interest.
3. A program representative may verify the average balance for last six months in a checking account by using the *Record of Third Party Verification: Review of Documents* form (EXHIBIT A-2).

Stocks, Bonds, Treasury Bills, Money Market Funds and Certificates of Deposit

1. A *Verification of Bank Accounts* form (EXHIBIT A-10) completed by the financial institution.
2. An original monthly or quarterly statement, or a letter from the broker or financial institution, showing the value of the stock or bonds and the projected earnings.
3. If the number of stock shares has been verified, the current market value of the stock and dividends can be determined by checking the financial section of a newspaper. This information may be documented on the *Record of Third Party Verification: Review of Documents* form (EXHIBIT A-2) or by the newspaper clipping.
4. Verification of the issuance date and total face value of U.S. Savings Bonds may be documented on the *Record of Third Party Verification: Review of Documents* form (EXHIBIT A-2). The current cash value of the bonds can then be determined by referring to the U.S. Department of the Treasury publication, *Values for U.S. Savings Bonds*.

Real Estate

1. The market value of real estate is verified by the municipal tax office's assessed valuation (if it uses approximate market value), or by an appraisal from a licensed real estate broker.
2. Verification of the household's expenses includes documentation such as a statement from the lender stating the monthly interest and the outstanding balance of any mortgages and/or loans on the property, property tax statements, insurance premiums, receipts for reasonable maintenance and bills for owner furnished utilities.
3. Any rental income received may be verified by a certified IRS tax return with schedule E, *Rental Income*, for the previous year, or by the current lease or lease renewal agreement.

EXHIBIT A-1

4. A standard allowance of 10% of the current fair market value of the property will be used to estimate the household's expenses in converting the asset to cash unless the household verifies that their actual expenses were greater. Allowable expenses, based upon IRS Publication 2119, *Sale of Your Home*, are listed on page 14.

Trust Accounts

A letter or financial statement from the administrator of the trust showing the current balance of the trust, the schedule of any periodic payments to household members identified as recipients of the trust, and the extent of access that the household members have to the trust.

Individual Retirement Account, Keogh, 401(k), and Similar Retirement Accounts

1. A *Verification of Bank Accounts* form (EXHIBIT A-10) completed by the financial institution.
2. A statement or letter from the financial institution or employer that identifies the type of account, the current balance, rate of return, and the penalty for early withdrawal.

Contributions to Company Retirement Accounts

A certification from the employer that states the amount the individual can withdraw from the account without retiring or terminating employment.

Personal Property Held as an Investment

An appraisal by a recognized authority in the field that describes the personal property held as an investment, the current market value of the assets and the costs, if any, associated with converting the assets to cash.

Inheritances, Lottery Winnings, Capital Gains, Insurance Settlements and Other Lump-Sum Amounts Including Cash On Hand

1. A letter from the provider of the lump-sum that verifies the total amount the household received and the date the lump-sum payment was issued to the household.
2. A notarized certification from the head of household that identifies the source of the payment, the date the household received the lump-sum and the total amount received.
3. A notarized certification from the head of household of amounts in a safe deposit box and cash on hand that the household has elected not to put into savings accounts.

Assets Disposed of for Less Than Fair Market Value during the Two Years Preceding the Effective Date of Certification/Reexamination

A notarized certification by the head of household of all of the following is required:

1. Identification of the asset;
2. Date the household disposed of the asset;
3. Amount the household received; and
4. The market value of the asset at the time of disposition.

EXHIBIT A-1

Value of Life Insurance Policies

A letter from the agent or an administrative officer of the insurance company stating the type of policy, whether it produces a dividend, and its current cash value, if any.

C. Adjustments to Income

Dependents

Adult Full-time Student. A certification from the registrar's office or appropriate school official stating the household member is carrying a subject load that is considered full-time for day students under the standards and practices of the institution (see EXHIBIT A-12).

New Household Member. The program will photocopy the new household member's birth certificate, Social Security card, and/or other appropriate documentation to verify the name, sex, Social Security number, date of birth, and relationship to the head of household.

Child Care Expenses

A notarized certification from the person providing the service or a letter from the day care center. The verification document must specify the names of the children cared for, the number of hours the service is provided, and the frequency and amount of compensation received. If child care is necessary so that a household member can seek employment, the household member also must submit a certification that justifies the total number of hours identified in the child care provider's verification document and must provide a further break down of the total hours if child care is also needed to further his or her education.

Disability Assistance Expenses

An allowance for disability assistance is permitted if a medical doctor or a rehabilitation agency has certified that the disabled person requires the services of an attendant or the use of auxiliary apparatus to permit the disabled person to be employed or to function sufficiently independently to enable another household member to be employed.

1. Written certification by the attendant of the number of hours of care provided, the cost, and the frequency of payments received from the household.
2. Receipts for the purchase of, or evidence of monthly payment for, auxiliary apparatus. Auxiliary apparatus includes wheelchairs, ramps, adaptations to vehicles, special equipment to enable a blind person to read or type, etc.

EXHIBIT A-1

Elderly/Disabled Household Deduction

Elderly person. The program will photocopy the household member's birth certificate.

Person with disabilities. Verification that the head of household or spouse is a person with disabilities is by receipt of Social Security Disability or Supplemental Security Income benefits, or by certification of a physician on a *Certification of Disability* form (EXHIBIT 5-3).

Medical Expenses

An allowance for medical expenses is permitted only for households in which the head of household or spouse is at least 62 years of age, or a person with disabilities.

1. The certification of a doctor, dentist, pharmacist, or hospital or clinic administrative officer of the estimated medical costs to be incurred by the household. Agency developed forms are available to project pharmaceutical expenses (EXHIBIT A-4) and the cost of doctor visits (EXHIBIT A-5).
2. A payment agreement with a medical facility or cancelled checks that verify payments made on outstanding medical bills that will continue over all or part of the certification period.
3. Social Security Administration's written notice of Medicare premiums.
4. Health insurance company's billing statement or the household's personal check or money order documenting insurance premiums. If the household member is employed, see pay stubs or request employer's written confirmation.
5. Receipts or other records of medical expenses incurred during the past twelve (12) months that can be used to anticipate future medical expenses.
6. A certification from the provider of medical assistance of the number of hours the service is provided at the assisted unit and the frequency and amount of compensation received from the household.

EXHIBIT A-2

New Jersey Department of Community Affairs
Division of Housing and Community Resources
Housing Choice Voucher Program

Record of Third Party Verification: Review of Documents

Re: _____
Applicant/Participant Tenant ID Number

Document(s) Viewed: _____

Or, Person Contacted: _____

Representing: _____

Item Verified: _____

Information Supplied: _____

Comments: _____

Signature of Program Representative

Date of Signature

New Jersey Department of Community Affairs
Division of Housing and Community Resources
Housing Choice Voucher Program

Certification of No Income

I certify that my household does not receive earned income, benefits, or dividends of any kind. I understand that it is my responsibility to notify the program in writing within ten (10) days of any change in my household's total annual income.

I understand that a program representative will conduct monthly examinations of my household's income until some form of income can be verified.

Sworn to or affirmed before me this day of _____, 20 .

My commission expires on _____

Signature of Notary _____

Affix seal

Signature of Deponent

Warning: Section 1001 of Title 18 of the United States 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.

New Jersey Department of Community Affairs
Division of Housing and Community Resources
Housing Choice Voucher Program

Pharmacist's Estimate of Medication Costs

Name of person: _____

It is estimated that the above named person will require the following medications during the next twelve (12) months:

at an estimated monthly cost of \$_____.

Name of Pharmacy: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Signature: _____

Date of Signature: _____

EXHIBIT A-5

New Jersey Department of Community Affairs
Division of Housing and Community Resources
Housing Choice Voucher Program

Physician's Estimate of Required Office Visits and Costs

Name of patient: _____

It is estimated that the above named patient will be required to visit my office for examination or treatment on _____ occasions during the next twelve (12) months.
(number)

The fee for services for each visit is estimated at \$ _____.

It is estimated that the patient will require the following medications during the next twelve (12) months:

Name of Physician: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Signature and Date: _____

Summary of Medical Expenses

Head of Household: _____ Tenant ID: _____

Certification/Reexamination Period: From _____ To _____

1. Required Office Visits for Medical Treatments

Family Member	Cost Less Insurance Payment	X	No. of Projected Treatments	=	Projected Cost
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____

2. Medical Insurance

Family Member	Premium Cost	X	Frequency Per Year	=	Projected Cost
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____

3. Cost of Prescription Medicines

4. Miscellaneous Medical Expenses

Family Member	Medical Expense Description	Projected Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Grand Total

EXHIBIT A-7

New Jersey Department of Community Affairs
Division of Housing and Community Resources
Housing Choice Voucher Program
Field Office Address
City, State, Zip Code

Request for Verification of Income

<<Today's Date>>

<<Employer, SSA, etc.>>
<<Address>>
<<City, State, Zip Code>>

Re: <<Applicant/Participant>>
<<Address>>
<<City, State, Zip Code>>

To Whom It May Concern:

The New Jersey Department of Community Affairs, Division of Housing and Community Resources, in accordance with the federal regulations for the Housing Choice Voucher Program, must verify information to determine if the above referenced household is eligible to participate or continue to participate in the Housing Choice Voucher Program. This person has agreed to this verification process as evidenced by their signature on the attached *Authorization for the Release of Information/Privacy Act Notice* form.

This letter represents a formal request to supply the information requested on the attached form.

Please complete and return the attachment along with any supporting documents to my attention as soon as possible. A self-addressed, stamped envelope is provided for your convenience. Should you have any questions regarding this matter, please do not hesitate to contact me at <<PHA Phone>>.

Thank you for your cooperation.

Sincerely,

Program Representative

Enclosures (2)

(7/14)

EXHIBIT A-8

New Jersey Department of Community Affairs
Division of Housing and Community Resources

Request for Verification

The person named below to the right has applied for housing assistance and has authorized verification of their income, assets, and expenses. Should you have any questions, please call <<PHA User>> at <<PHA Phone>>.

<<Source>>
<<Source Address>>
<<Source CSZ>>

<<Tenant Name>>
<<Unit Address>>
<<Unit CSZ>>

Phone: <<Source Phone>>

<<Tenant Social Security Number>>

Please complete the section below and return this form to: <<Field Office Address>>, <<Field Office CSZ>>. You may fax the completed form to <<Field Office Fax>>.

EMPLOYMENT DATES

Date Employment Began _____ Date Employment Ends or Ended _____

CURRENT SALARY INFORMATION

Base Pay Rate or Salary: \$ _____ per hr wk bi-wk yr
Average Hours Worked per Week: _____

Overtime Pay Rate: \$ _____ per hr wk bi-wk yr
Average Expected Overtime Hours per Week: _____

Gross Commission, Bonuses, Tips and Other: \$ _____ per hr wk bi-wk yr

SALARY HISTORY

Base Pay for Last 12 Months: \$ _____

Overtime Pay for Last 12 Months: \$ _____

FUTURE SALARY INFORMATION

Anticipated Salary Increase: \$ _____ per hr wk bi-wk yr
Date of Expected Increase: _____

Thank you for your time and assistance.

Signature

Date

Title

Telephone Number

EXHIBIT A-9

New Jersey Department of Community Affairs
Division of Housing and Community Resources
Housing Choice Voucher Program

Verification of Benefits

Name _____ Social Security Number _____

Indicate the gross monthly benefit amount the household receives from your agency and the payment schedule:

- TANF Assistance _____
- Alimony _____
- Child Support _____
- Disability or Worker's Compensation _____
- General Assistance _____
- Pension _____
- Social Security Benefits _____
- Social Security Disability _____
- Supplemental Security Income _____
- Unemployment Benefits _____
- Other _____

Benefits Began _____ Termination Date (if applicable) _____

Comments _____

Print Name of Agency Representative _____

Signature _____

Date of Signature _____

Telephone Number _____

EXHIBIT A-10

New Jersey Department of Community Affairs
Division of Housing and Community Resources
Housing Choice Voucher Program

Verification of Bank Accounts

Name _____ Social Security Number _____

- Please List All Accounts -

1. Account number: _____

Type of account: _____

Current balance: _____

Rate of interest: _____

2. Account number: _____

Type of account: _____

Current balance: _____

Rate of interest: _____

3. Account number: _____

Type of account: _____

Current balance: _____

Rate of interest: _____

Name of Bank Officer

Signature

Date of Signature

Title

Telephone Number

Stamp of Banking Institution

EXHIBIT A-11

New Jersey Department of Community Affairs
Division of Housing and Community Resources
Housing Choice Voucher Program

Certification of Need for Live-in Aide

For: _____ Tenant ID: _____

The Housing Choice Voucher Program regulations (24 C.F.R. §5.403) define a live-in aide as a person who resides with one or more elderly persons, or near-elderly¹ persons, or persons with disabilities, and who:

1. Is determined to be essential to the care and well-being of the person(s);
2. Is not obligated for the support of the person(s); and
3. Would not be living in the assisted housing unit except to provide the necessary supportive services.

I certify that the above referenced person requires the assistance of a live-in aide for a minimum of _____ days a week and between the hours of _____ to _____ (specify a.m. or p.m.) to perform essential care.

Physician's Name _____

Physician's License Number _____

Address _____

Telephone Number _____

Physician's Signature _____

Date of Signature _____

¹ Near-elderly family means a family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62; or two (2) or more persons, who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides.

EXHIBIT A-12

New Jersey Department of Community
Affairs Division of Housing and Community
Resources

Request for Verification of Full-Time Student Status

The person named below to the right has applied for federal housing assistance and has authorized verification of their income, assets, and expenses. Should you have any questions, please call <<User>> at <<PHA Phone>>.

<<Source>>
<<Source Mailing>>

<<Household Member>>
<<Tenant Mailing Address>>

Please complete the section below and return this form to the N.J. Department of Community Affairs, Division of Housing and Community Resources, <<Agency Address>> by <<Today Plus 2 Weeks>>. You may fax the completed form to <<Agency Fax>>.

Is the above referenced individual a full-time student in good standing at this institution?

- Yes
- No

Date Enrollment Began: _____

Anticipated Date of Program Completion: _____

Average Number of Credits per Semester/Quarter: _____

Thank you for your time and assistance.

Signature

Date

Title

Telephone Number