

<p><b>To:</b>          Name: _____          Address: _____          _____          Phone: _____ Fax: _____</p>	<p><b>From:</b>          Name: _____          Address: _____          _____          Phone: _____ Fax: _____</p>
<p><b>RE:</b>          Name: _____          _____</p>	

The client listed above has indicated that he/she is receiving Section 8 housing assistance from your agency. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a Housing Tax Credit project.

The total annual gross income for the above named household, as verified by this PHA, is:

\$ \_\_\_\_\_

Signature of PHA Worker	Date
Name of PHA	Phone