

**HTC FORM 520**  
**Public Housing Authority Income Certification**

TO: (Name & address of Public Housing Authority)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE:

\_\_\_\_\_  
Applicant/Tenant Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Unit Number

I hereby authorize release of my household composition and income information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated. Thank you

\_\_\_\_\_  
Project Owner/Management Agent Signature

MAIL OR FAX THIS FORM TO:

**This box to be completed by agent.**

Maximum S42 tax credit income limit for a \_\_\_\_ person household in this county is: \$ \_\_\_\_\_

**To the Public Housing Authority:** Please provide the following information or provide a copy of the most recent HUD Form 50058 (or other required certification).

1. Number of Household Members: \_\_\_\_\_

2. Date of Last Certification: \_\_\_\_\_

3. Household's gross annual income calculation: \$ \_\_\_\_\_  
(Total Annual Income, line 7i. from HUD form 50058)

4. Comments: \_\_\_\_\_

I hereby certify that the statements above are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name Title

( ) \_\_\_\_\_  
Phone Number