

REQUIRED INCOME & EXPENSE VERIFICATION DOCUMENTS

Households generally must provide verification of the following information for all members of their family. Verification documents must be dated within 60 days of the date they are provided to the Agency. If you have any questions about what documentation to provide, please contact your Agency.

- **Interim Recertification:** Where a family is requesting an interim certification, income/expense verification is required **only** for the household member who is requesting the change. The Asset Self-Certification form is required at regular recertification and upon addition of an adult to the household, not when an interim loss or reduction in income is reported.
- **Income/Benefit/Expense Received:** If anyone in the household receives income/benefits from the source listed, they must provide the documentation/information listed in the column, "What Should Be Sent to the Agency".
- **What Should Be Sent to the Agency:** Review the information in this column to identify the documents/information families are required to provide for the income/benefit received. For example, if a family member is employed, they must send the correct number of consecutive paystubs for the frequency with which they are paid.
- **Where to Obtain Verification:** The information in this column provides resources to assist you in obtaining the documentation required by the Agency.
- **Voucher Type:** The table below has certain verification requirements which are different depending on what type of voucher you have. Generally, most participants have Moving to Work (MTW) vouchers and should follow the MTW requirements where the requirements differ. For those who do not have MTW vouchers (Non-MTW) follow the guidance for Non-MTW Vouchers. If you are a participant in the Veterans Affairs Supportive Housing (VASH) or Mod-Rehab program, you should follow the Non-MTW requirements. If you are unsure about which program you are in, please contact your Agency.

#	Income/ Benefit/Expense Received	What Should Be Sent to the Agency	Where to Obtain Verification
1	Employment Income (including Military Pay)	<ul style="list-style-type: none"> • Consecutive (in a row) paystubs dated within the past 60 days for all adult family members except where identified below: <ul style="list-style-type: none"> ○ 4 paystubs for weekly pay (ex. paystubs dated 1/03/2020, 1/10/2020, 1/17/2019, and 1/24/2020); ○ 2 paystubs for bi-weekly pay (ex. paystubs that are in a row 2/10/2020 and 2/24/2020); or, ○ 2 paystubs for monthly pay (ex. May 2020 and June 2020). • W-2 forms and tax returns for seasonal employment. • Original letter from the employer, which must include: <ul style="list-style-type: none"> ○ Dates of employment ○ Income information to accurately calculate income, including salary and/or hours 	<ul style="list-style-type: none"> • Paystubs in the family's possession • Paystubs printed from employer on-line payroll records • The Work Number www.theworknumber.com; many employers provide pay information on this website. • The employer

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		<p>worked per week (including overtime)</p> <ul style="list-style-type: none"> Documentation of other income the family expects to receive from employment such as tips, commissions, bonuses, etc. 	
2	Self-Employment or Income from a Business	<ul style="list-style-type: none"> Prior year's tax return and all schedules and attachments (including Schedule C, Schedule 1, Schedule E and Schedule F, as applicable) Business financial statements 4 consecutive weekly statements, 4 weeks of expenses and other non-weekly expenses (ex.: Uber, Lyft, DoorDash) 	<ul style="list-style-type: none"> Tax returns provided by the family member Statements
3	Termination of Employment	<ul style="list-style-type: none"> If any family member reported employment at the last recertification and is no longer employed, a letter of termination from the employer. <ul style="list-style-type: none"> The letter of termination must state the date of termination. 	<ul style="list-style-type: none"> The employer
4	Social Security or Supplemental Security Income (SSI)	<ul style="list-style-type: none"> Benefit letter from the Social Security Administration (SSA). The benefit letter must be dated within 60 days from the date it is provided to the Agency. 	<ul style="list-style-type: none"> Call the Social Security Administration at 1-800-772-1213 or log onto the SSA's website www.ssa.gov and click on "My Social Security" and sign in.
5	Public Assistance (TANF/TAFDC or Welfare)	<ul style="list-style-type: none"> Benefit letter from the Department of Transitional Assistance (DTA). 	<ul style="list-style-type: none"> The family may call the DTA Assistance Line at 1-877-382-2363. Request information through DTA's app (available at https://www.mass.gov/how-to/download-the-dta-connect-mobile-app), or Request information online at https://dtaconnect.eohhs.mass.gov/.
6	State Supplement Program (SSP) This is the State paid portion of the SSI benefit	<ul style="list-style-type: none"> Benefit letter from the Department of Transitional Assistance (DTA) or State Supplement Program. 	<ul style="list-style-type: none"> If you get SSP payments only and no other benefits from the Department of Transitional Assistance (DTA), you can request benefit verification by calling the SSP Assistance Line at (877) 863-1128. If you get SSP payments AND other benefits from DTA, you must contact the DTA Assistance Line at (877) 382-2363 for a benefit verification letter.

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7	Unemployment or Worker's Compensation	<ul style="list-style-type: none"> • Unemployment benefit letter from the Massachusetts Department of Unemployment Assistance (DUA) • Statement from the Massachusetts DUA of Receipt of Unemployment Compensation Payment • Unemployment benefits pay stubs • Worker's compensation benefit letter 	<ul style="list-style-type: none"> • To obtain a benefit letter, the family may call 617-626-6338 • The family may access their UI Online account on-line at www.mass.gov/unemployment-insurance-ui-online and selecting "Login to UI Online for Claimants" <ul style="list-style-type: none"> ○ The family member will need their Social Security number and password to log in
8	Veteran's Benefits	<ul style="list-style-type: none"> • Benefit letter from the U.S. Department of Veterans Affairs (VA) stating benefits. 	<ul style="list-style-type: none"> • The family may call 1-800-827-1000 or access the online system via https://www.ebenefits.va.gov/ebenefits/about/feature?feature=payment-history
9	Court-Ordered Child Support/ Alimony	<ul style="list-style-type: none"> • Printout of payment history and current benefit amount from the Massachusetts Department of Revenue (DOR). • Benefit letter from the Department of Transitional Assistance (DTA) if the family is also receiving public assistance. 	<ul style="list-style-type: none"> • The family can request payment information through DOR's Automated Voice Response System by calling (800) 332-2733. Callers in the Boston area should call (617) 660-1234. • The family may also view their child support payment history on-line at: https://www.mass.gov/how-to/get-your-child-support-payment-history and clicking on "Case Manager" <ul style="list-style-type: none"> ○ You will need your user name and password. • See requirements above for Public Assistance if the family is also receiving public assistance.
10	Non-Court Ordered Child Support/Alimony	<ul style="list-style-type: none"> • Documentation of child support and/or alimony payments. Examples include (but are not limited to): <ul style="list-style-type: none"> ○ Copies of checks/money orders from parent providing payments (4 for weekly, 2 for bi-weekly, or 2 for monthly); ○ Signed and dated letter from the person who is providing the child support or alimony payments. 	<ul style="list-style-type: none"> • Person who is providing the child support or alimony payments.
11	Retirement Benefits, Annuities, or Pensions	<ul style="list-style-type: none"> • Benefit letter or statement indicating amount and frequency of payments. 	<ul style="list-style-type: none"> • Human Resources department of company providing the benefits.
12	Regular Contributions, Support, Gifts, or Payments on Behalf of a Family	<ul style="list-style-type: none"> • If any family member regularly receives any contributions, gifts, or payments (monetary or non-monetary) on their behalf by organizations or persons outside of 	<ul style="list-style-type: none"> • Person who is providing the contributions, support, or gifts.

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	Member	the household, copies of checks or evidence of payment, such as a signed and dated letter from the person who is providing the contributions, support or gifts.	
13	Trust Funds	<ul style="list-style-type: none"> Account statements or financial statements completed by a financial institution or broker. 	<ul style="list-style-type: none"> Agency who is holding the funds, i.e., bank or other financial institution.
14	Zero Income Individual	<ul style="list-style-type: none"> Each adult in the family who is zero income is required to complete, sign, and date the Self-Certification of Zero Income: Individuals Form. Verification of loss of income/benefits from what was reported at the prior recertification. A zero income individual is one who does not receive any income, contributions, and/or benefits on his/her own behalf or on behalf of another individual in the family. 	<ul style="list-style-type: none"> Zero income family member. As applicable, refer to specific verification requirements for the source of income which is no longer received. For example, if you are reporting loss of SSI benefits which results in you being a zero income individual, you would review the verification requirements under SSI and provide a benefit letter to show termination of SSI benefits.
15	Zero Income Family*	<ul style="list-style-type: none"> If no family member receives any income, the head of household must complete the Financial Hardship/Zero Income Worksheet. The head of household may be required to provide information regarding their means of basic subsistence, such as food, utilities, transportation, clothing, etc. The Self-Certification of Zero Income: Households Form must be completed, signed and dated by each adult family member. If there are children in the family and both parent/legal guardians do not live in the household, provide a letter from Family Court showing that no child support benefits are received. Verification of termination of earned income, unemployment benefits and/or other unearned income or benefits, if applicable. Completion of an Asset Income Self-Certification Form for the family. Copy of most recent Federal tax 	<ul style="list-style-type: none"> All adults in the zero income family. IRS Form 4506-T can be used to request a transcript of a tax return. http://www.irs.gov/pub/irs-pdf/f4506t.pdf Clients can go on-line to the following web address to request a transcript of a tax return to be sent on-line (immediate) or by mail. http://www.irs.gov/Individuals/Get-Transcript.

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		<p>return.</p> <ul style="list-style-type: none"> • Zero income households <u>must</u> report changes in income or benefits, within 15 business days of the change. 	
16	Asset: Face Value of Combined Assets is \$50,000 or Less – MTW Vouchers	<ul style="list-style-type: none"> • The family must complete the Asset Income Self-Certification Form-MTW; additional verification is not required. 	<ul style="list-style-type: none"> • Further verification not required.
17	Assets: Face Value of Combined Assets is Greater than \$50,000 – MTW Vouchers	<ul style="list-style-type: none"> • The family must complete the Asset Income Self-Certification Form - MTW; they must also provide verification of each asset, including (but not limited to): <ul style="list-style-type: none"> ○ IRA, pension, stock or investment account statements ○ Life insurance policy statement (only whole life insurance is an asset) ○ Checking and/or savings account: original bank statements or online bank statement (2 consecutive statements for checking accounts) ○ Real estate: most recent mortgage statement ○ Debit Cards: An account balance from an ATM at no charge, or through the online account service, or through a paper statement, which identifies the account and the name of the account holder 	<ul style="list-style-type: none"> • Financial institution where the asset is held. • Mortgage statement from the bank holding the mortgage.
18	Assets: Net Value of Combined Assets is \$5,000 or Less – Non-MTW Vouchers	<ul style="list-style-type: none"> • The family must complete the Asset Income Self-Certification Form – Non MTW; additional verification is not required, except for every third year as requested by the Agency. • When asset verification is required every third year, the family must provide verification of each asset, including (but not limited to): <ul style="list-style-type: none"> ○ IRA, pension, stock or investment account statements ○ Life insurance policy statement 	<ul style="list-style-type: none"> • Financial institution where the asset is held. • Mortgage statement from the bank holding the mortgage.

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		<p>(only whole life insurance is an asset)</p> <ul style="list-style-type: none"> ○ Checking and/or savings account: original bank statements or online bank statement (2 consecutive statements for checking accounts) ○ Real estate: most recent mortgage statement ○ Debit Cards: An account balance from an ATM at no charge, or through the online account service, or through a paper statement, which identifies the account and the name of the account holder 	
19	Assets: Net Value of Combined Assets is Greater than \$5,000 – Non-MTW Vouchers	<ul style="list-style-type: none"> • The family must complete the Asset Income Self-Certification Form – Non-MTW; they must also provide verification of each asset, including (but not limited to): <ul style="list-style-type: none"> ○ IRA, pension, stock or investment account statements ○ Life insurance policy statement (only whole life insurance is an asset) ○ Checking and/or savings account: original bank statements or online bank statement (2 consecutive statements for checking accounts) ○ Real estate: most recent mortgage statement ○ Debit Cards: An account balance from an ATM at no charge, or through the online account service, or through a paper statement, which identifies the account and the name of the account holder 	<ul style="list-style-type: none"> • Financial institution where the asset is held. • Mortgage statement from the bank holding the mortgage.
20	Unreimbursed Child Care Expenses: only if the child care (for a child under the age of 13) enables a	<ul style="list-style-type: none"> • Contracts with provider • Receipts showing payments 	<ul style="list-style-type: none"> • Child care provider or agency • Family

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	family member to work, pursue education, or seek work	<ul style="list-style-type: none"> • Cancelled checks/money orders (4 weekly, 2 bi-weekly, or 2 monthly) • Child care voucher • For child care that enables a family member to work, provide verification of employment during the time the child care is being provided • For child care that enables a family member to seek work, provide verification that the family member is seeking work, such as a job search log with name and contact information. • For child care that enables a family member to pursue and education, provide verification that the family member is enrolled in school (academic or vocational) or participating in a formal training program 	
21	Unreimbursed Medical Expenses: only if the head of household, co-head and/or spouse is elderly (at least 62 years of age) or disabled	<ul style="list-style-type: none"> • Social Security benefit letter showing deduction for Medicare payments. • Pension statements that include medical insurance premiums. • Insurance premium statements indicating premiums paid. • Statements from the provider that identify the payments that were made. • Original receipts from the medical provider showing paid unreimbursed medical expenses from the prior 12 month period. • Pharmacy printouts from the prior 12 month period that are marked as paid. • Physician's prescriptions for over-the-counter products and accompanying receipts for the prior 12 month period. 	<ul style="list-style-type: none"> • Company providing the insurance.
22	Unreimbursed Disability Assistance Expenses: only if the attendant care and/or auxiliary apparatus are necessary to	<ul style="list-style-type: none"> • Original receipts from the auxiliary apparatus provider and/or attendant showing paid unreimbursed expenses from the prior 12-month period. For example, purchase of an adaptive keyboard for the visually impaired. 	<ul style="list-style-type: none"> • Auxiliary apparatus provider • Care attendant • Family

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	enable a disabled family member 18 years or older to work	<ul style="list-style-type: none"> • The required verification is dependent on the expenses incurred. • Provide verification that a family member is employed as a result of the attendant care for the disabled individual. • Provide verification auxiliary apparatus is needed for the disabled individual to work. • The expenses may not be paid to a family member or reimbursed by an outside source. • The expense deduction cannot exceed the earned income received by the family member 18 or older who is able to work because of the care and/or apparatus. 	
23	Full-Time Student Status for Adults (18 years old or older) Other Than the Head of Household, Spouse, or Co-Head	<ul style="list-style-type: none"> • School records, transcripts, letter from the school administration verifying current attendance as a full-time student. 	<ul style="list-style-type: none"> • School administration office.

*A zero income family is one where no family member receives any income, contributions and/or benefits on their own behalf or on behalf of another individual in the family. This includes, but is not limited to the following.

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| <ul style="list-style-type: none"> • Employment Income • Unemployment or Worker's Compensation • Public Assistance (TANF) • Social Security, SSI, SSP • Child Support • Alimony • Pension or Annuity | <ul style="list-style-type: none"> • Veteran's Benefits • Gifts or Contributions, i.e., assistance in paying for utilities, groceries or any other household expenses • Military Pay • Government Grants • Trust Funds |
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Note that the receipt of SNAP benefits is not considered income for the purposes of zero income status and thus families receiving SNAP with no other income are required to verify their zero income status.

**REQUIRED DOCUMENTS
CHANGE IN FAMILY COMPOSITION**

Adding a Family Member

What to Send to the Agency	Acceptable Documents	Documents that Must Be Submitted
<ul style="list-style-type: none"> • Birth certificates/proof of age/proof of birth for new family member(s) • Photo ID (if 18 years of age or older) for new family member(s) • Documentation of a valid SSN for new family member(s) • Proof of income for new family member(s) • If the family member being added is an eligible non-citizen: Permanent Resident Card or other verification of eligible status 	<ul style="list-style-type: none"> • Examples include birth certificate, passport, driver's license, and Social Security letter. • Clear, valid government-issued photo ID on file for every adult household member. • An original Social Security card issued by the Social Security Administration, an original SSA-issued document, a state-issued driver's license with a SSN, an identification card issued by a federal, state or local agency. • Eligible non-citizen: Permanent Resident Card, passport or other document with visa or otherwise verifying eligible status 	<ul style="list-style-type: none"> • Declaration of Citizenship form • HUD Authorization for Release/Privacy Act Form (9886) • Agency Authorization for the Release of Information Form • Family Composition Change Form Addition Of Family Members • Owner Approval Form • Family Certification Form • Declaration of Citizenship Form

Removing a Household Member

What to Send to the Agency	Acceptable Documents	Document that Must Be Completed by the Head of Household
<ul style="list-style-type: none"> • Proof that household member has vacated the unit 	<ul style="list-style-type: none"> • Driver's license with the new address • Lease or utility bill with the new address • Death certificate • Letter from a government agency attesting to the new address • Statement attesting to the new address • Verification from the household member's new landlord • A certification from the family member who has moved or a certification from the head of household that the family member no longer resides in the unit. 	<ul style="list-style-type: none"> • Family Composition Change Form Removal of Family Members