



Supportive/Vital Documents

Please include/attach the following documents (if applicable) for you and any other household members.

- If you live at a Housing Authority owned property, please submit 6 months bank statements and 3 months paystubs.
- **WAGES:** Last 5 current and consecutive paycheck stubs that reflect your gross amount and pay periods.
- **SOCIAL SECURITY (SSA/SSI):** Current SSA/SSI Award letter, Pension or Survivor Annuity dated within the last 60 days. You may call to obtain a printout at 1-800-772-1213.
- **PRIVATE PENSION BENEFITS, VETERANS, OR OTHER GOVERNMENT BENEFIT:** Current award letter and/or letter of verification (Notice must not be more than 30 days old).
- **TANF:** Current AFDC issuance history/case summary printout (must not be more than 30 days old).
- **CHECKING & SAVINGS ACCOUNTS:** Current statement (all pages) for each account for all household members, including minors.
- **CHILD SUPPORT/ALIMONY:** A printout from the Family Support Division (District Attorney's office), if receiving support. If child support is not being processed through the Family Support Division, you must provide a notarized letter from the child support provider (name, address, telephone number, and amount being paid per month).
- **UNEMPLOYMENT/DISABILITY:** "Notice of Award" letter with effective date for all household members over the age of 18 who are not receiving any income.
- **FOSTER CARE & ADOPTION PAYMENTS:** Provide printout, check stubs, or agreement to show amounts paid to you for the care of foster children or adopted children. (Documents must not be more than 30 days old.)
- **NON-WAGE INCOME:** Provide receipts or other documentation to show all other non-wage income received by your household. Examples of non-wage income: babysitting, hair styling/design, dog sitting etc.
- **CASH/GIFTS:** You must provide a notarized statement from the person giving you money or paying bills on your behalf. Statement must include the dollar amount paid, how often paid, the reason the money is being paid, to whom it's being paid and the signature and contact telephone number of the person providing the assistance. (Receipts for payments made on your behalf should also be enclosed, if available).

- **OTHER ASSETS:** For every item marked “yes”, you must include copies of current statements regarding value/investment information of whole life insurance (cash surrender value), stocks, bonds, trust funds, annuities, real estate, etc. (Documents must not be more than 30 days old.)
- **MEDICAL EXPENSES:** If you are elderly, disabled or handicapped you may be eligible for a medical allowance. Provide receipts, bills, verification of medical/dental insurance payments, pharmacy printouts, deductible, and co-payments. You may provide a printout from the pharmacy. Consideration for medical expense allowance is given to those expenses that have actually been paid by you.
- **CHILD CARE EXPENSES:** If you are working or going to school you may be eligible for childcare allowance. Please provide a letter from the child care provider, that includes the children’s names, your out of pocket payment per month, the provider’s name, address, telephone number or a print of your most recent payment ledger.
- **FULL TIME STUDENT:** If any member of the household 18 years of age or older attends high school, college, or a higher education training program provide a letter from the school stating whether the school considers the student full time, ¾ time or part time.
- **VITAL DOCUMENTS:** For all members of the household, please include the following: Birth Certificate, and Social Security Card. Household members 18 years of age: Valid Driver’s License or photo ID.
- **SELF EMPLOYED?**
Please provide a copy of your business account for the last 12 months, profit/loss statements, and all pages of your signed income tax return from the previous year.

HCV/PBV Waitlist Preference Supportive Documents

Please include/attach the following documents (if applicable) for you and any other household members. For Preference definitions, please review: (link to [Admin plan Section 3.4](#))

- **LOCAL RESIDENTS:** Government issued photo ID or Paystubs with employer’s office locations within [HAMC jurisdiction](#).
- **VETERANS:** Head of household DD214, or Veteran Affairs Medical Card.
- **ELDERLY or DISABLED:** Head of household ID card indicates 62 years of age or Head of Household provides SSDI Award Letter or Letter on letterhead from third party provider indicating disability.
- **HOMELESS REFERRAL PREFERENCE:** Head of Household provides letter on letterhead from an approved homeless provider agency indicating homeless status and confirms the head of household is participating case management, or families who meet the McKinney-Vento Homeless Assistance Act and receives McKinney-Vento services provide letter on letterhead from the McKinney-Vento school liaison.