

**Montachusett Veterans Outreach Center**  
**Resident/Tenant Verification of Income**

<p align="center">Montachusett Veterans Outreach Center                  268 Central Street                  Gardner, MA 01440</p> <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Income of all residents/tenants applying for and participating in our "rental" program which we operate and to re-examine this income annually. We ask your cooperation in supplying this information. This information will be used only to determine your eligibility status and income level.</p>	<p>Based on income received from _____ to _____</p> <p>1. Gross Income: \$ _____</p> <p>2. Income Sources:</p> <p>(a) Wages: \$ _____</p> <p>(b) SSI: \$ _____</p> <p>(c) SSDI: \$ _____</p> <p>(d) VA Disability: \$ _____</p> <p>(e) Interest Income: \$ _____</p> <p>(f) Retirement: \$ _____</p> <p>(g) Pension Plans: \$ _____</p> <p>(h) Social Security: \$ _____</p> <p>(i) Assets: \$ _____</p> <p>(j) Assets: \$ _____</p> <p>(k) Other: \$ _____</p>																		
<p>Assets: List assets owned/controlled/disposed of within the past 2 years: checking/savings/IRA/stocks/property, etc. You must provide documentation for all listed assets.</p>																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">ACCT #</th> <th style="width:60%;">DESCRIPTION</th> <th style="width:25%;">VALUE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	ACCT #	DESCRIPTION	VALUE																
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<p>List <b>total amount of assets</b> in either/both (i) and/or (j) in next column.</p>																			
<p>Your prompt completion of this information will be appreciated. Please return this form to the MVOC Finance Manager prior to lease signing/renewal.</p>																			
<p><b>CERTIFICATION:</b> I hereby certify that this is any and all income, in total, that I receive.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>SS #: _____</p> <p>Date: _____</p>	<p>Signature of MVOC Finance Manager or Executive Director:</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>																		
<p><b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>																			