

Healthy at Home Eviction Relief Fund

Funded via the U.S. Treasury Emergency Rental Assistance Program
& Administered by Kentucky Housing Corporation



Third Party Income Verification Form

To be eligible for rent/utility assistance under the Healthy at Home Eviction Relief Fund (HHERF), a tenant must have a gross household income at or below 80% of Area Median Income (AMI) as listed [here](#). HHERF guidelines permit an applicant to be deemed “categorically eligible” for purposes of income determination if household income has been verified to be at or below 80% AMI in connection with another state or federal program.

This form may be used by government agencies, nonprofits, and private companies to verify the review of a tenant’s income in connection with another government program and to verify the applicant’s household income does not exceed 80% AMI. The determination must have been made on or after January 1, 2020. Alternatively, the agency may provide a determination letter on its own form confirming that the applicant’s income is below 80% AMI and that the determination was made on or after January 1, 2020.

For questions regarding this form, contact: Curtis Stauffer (cstauffer@kyhousing.org)

Certifying Agency/Company	
Name:	
Contact Person:	
Phone Number:	
Email:	
Applicant/Tenant Seeking HHERF Assistance	
Applicant Full Name:	
Applicant Date of Birth:	
Applicant Family Size:	
Government Program for which Applicant Received	
Name of Program: <i>(Examples: Housing Choice Voucher (Sec. 8), Public Housing, Low Income Housing Tax Credit, HOME, Food Stamps, LIHEAP, Medicaid, etc.)</i>	
Did your agency/company certify the applicant’s household income on/after January 1, 2020?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the applicant’s annualized household income at/below 80% AMI as listed here ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Description of Documents Used to Verify Income:	

Income/Eligibility Certification by Certifying Agency/Company Staff:

By submitting this certification, I hereby confirm that the agency listed above has reviewed the Applicant’s household income on or after January 1, 2020 and has determined it does not exceed 80% AMI.

Verifying Staff Signature: _____

Date: _____

Verifying Staff Name: _____