

## VERIFICATION CHECKLIST

- All verification documents submitted must be the original and not photocopied.
- All verification documents must be dated within sixty (60) days of the date you submit them.
- Include the following documents if they apply to you or someone in your household:

If you or members of your household:	Provide documents:
<b>Have income from:</b> ➤ Employment	<b>Most recent and consecutive pay stubs:</b> <ul style="list-style-type: none"> <li>• DHCD HCV program participants: 6 pay stubs for weekly pay, 3 pay stubs for bi-weekly pay, 2 pay stubs for monthly pay</li> <li>• All other programs: 2 pay stubs (regardless of pay frequency)</li> </ul>
➤ Regular cash or non-cash contributions or gifts	Checks or evidence of payment <i>or</i> a signed statement by the person providing the assistance giving the purpose, dates, and value of cash/gifts.
➤ Public Assistance	Benefit letter from the Department of Transitional Assistance stating benefits. You can call the DTA Assistance Line at 1-877-382-2363 <i>or</i> sign up for My Account Page, (MAP) at <a href="http://www.Mass.Gov/vg/selfservice">www.Mass.Gov/vg/selfservice</a> to request a benefit letter.
➤ Social Security/SSI	<ul style="list-style-type: none"> <li>• State 667/705, MRVP, AHVP, DMH program participants: Benefit letter from the Social Security Administration (SSA). You can call 1-800-772-1213 <i>or</i> go to <a href="http://www.ssa.gov">www.ssa.gov</a> to request a benefit verification letter.</li> <li>• All other programs: N/A</li> </ul>
➤ SSI State Supplemental Program (SSP)	State SSP benefit letter <i>or</i> Benefit letter from DTA. You can call the SSP Customer Service Center at 1-877-863-1128 to request a benefit letter <i>or</i> if you also receive DTA benefits, the DTA benefit letter that includes the SSP can be used to verify the SSP.
➤ Unemployment/Worker's Comp.	Benefit letter <i>or</i> statement indicating amount and frequency of payments.
➤ Child Support and/or Alimony (Court Ordered)	Recent letter from the court <i>or</i> Department of Revenue print-out showing the payment history and current benefit amount, <i>or</i> Benefit letter from the DTA, if support is paid through DTA. <i>If applicable</i> , written statement from court/attorney that payments are not being received and anticipated date of resumption of payments.
➤ Child Support and/or Alimony (not Court Ordered)	Most recent cancelled checks/money orders from parent/ex-spouse providing payments (4 if paid weekly, 2 if paid bi-weekly, 1 if paid monthly) <i>or</i> a signed statement by the parent/ex-spouse/income source providing payments that identifies the payments and frequency.
➤ Self-Employment or Income from a Business	An audited financial statement for the previous fiscal year <i>and</i> all tax return schedules, including but not limited to Schedule C (schedule E if the business is from real estate). If an audit was not conducted, a self-certified statement of income and expenses.
➤ VA Benefits	Benefit letter from VA stating benefits.
➤ Zero Income Individuals	<ul style="list-style-type: none"> <li>• Each household member 18 and older claiming zero income must sign the LHAND "Zero Income Certification".</li> <li>• Verification of separation/termination of the income/benefits is required for members claiming zero income who had previously reported income.</li> </ul>
➤ Zero Income Households	If the household claims zero income: <ul style="list-style-type: none"> <li>• The Head of Household must complete a LHAND "Zero Income Questionnaire".</li> </ul>
➤ Any other income	Third party documentation of the schedule/frequency of payments.
<b>Is a full-time student</b> ➤ Full-Time Student Status	If the household member claiming full-time student status is 18 or older (excluding the head of household, spouse, or co-head) <i>or</i> if the household claims a child care deduction to enable a member to further their education: <ul style="list-style-type: none"> <li>• Current school records, transcripts, or letter from administration indicating the student's full-time enrollment status.</li> </ul>

(Continued on back of this page)

<b>If you or members of your household:</b>	<b>Provide documents:</b>
<b><i>Have Assets:</i></b>	
➤ Checking Account	Current bank statement showing current rate of interest.
➤ Savings Account, CDs	Current bank statement or passbook showing current rate of interest.
➤ Investment Accounts	A current investment report including the balance and rate of return of the account.
➤ Real Estate	Any documents showing ownership in real estate (mortgage statement, tax information, deed to property, closing/escrow report showing the address, value, and amount owed on the home).
➤ All Other Accounts	Current financial statement.
<b><i>Have <u>unreimbursed</u> Expenses:</i></b>	
➤ Medical Expenses	<p>If you or your spouse is age 62 or older <i>or</i> is a person with disabilities, and you pay for <u>unreimbursed</u> medical expenses (must be recurring expenses that can be expected over the next 12 months).</p> <ul style="list-style-type: none"> <li>• Cancelled checks, paid receipts <i>or</i> current printouts from medical providers that show your out of pocket medical expenses in the last 12 months (ex. doctor visit co-pays, prescriptions, insurance premiums). <ul style="list-style-type: none"> <li>○ A bill or invoice for the expense alone is not sufficient; it must show payment of the expense.</li> </ul> </li> </ul>
➤ Child Care Expenses	<p>If any household member currently pays for <u>unreimbursed</u> child care expenses for household children 12 years or younger to enable the household member to be gainfully employed, to actively seek employment, or to attend school:</p> <ul style="list-style-type: none"> <li>• Contracts with provider <i>or</i> the last 1 month of paid receipts or canceled checks; <b><i>and</i></b></li> <li>• Proof of why the childcare is necessary: <ul style="list-style-type: none"> <li>○ Employment log of the family member actively seeking employment, <i>or</i></li> <li>○ Current school records, transcripts, or letter from administration of the family member furthering his/her education, <i>or</i></li> <li>○ Offer of employment letter or paystubs of the family member gainfully employed.</li> </ul> </li> </ul>
➤ Care Attendant Expenses	<p>If you or any household member currently pay for <u>unreimbursed</u> expenses of care attendants for any family member who is a person with disabilities, to the extent these expenses are necessary to enable a family member 18 years or older to work (including the member who is a person with disabilities):</p> <ul style="list-style-type: none"> <li>• Written statement from a medical professional verifying the person with the disability requires a care attendant, <b><i>and</i></b></li> <li>• The last 1 month of paid receipts or cancelled checks payable to the care attendant provider, or printout of payments received <i>or</i> a signed statement from the care attendant provider with complete name, address, and phone number.</li> </ul>
➤ Auxiliary Apparatus Expenses	<p>If you or any household member currently pay for <u>unreimbursed</u> expenses of auxiliary apparatuses for any family member who is a person with disabilities, to the extent these expenses are necessary to enable a family member 18 years or older to work (including the member who is a person with disabilities):</p> <ul style="list-style-type: none"> <li>• Written statement from a medical professional verifying the person with the disability requires the auxiliary apparatus item(s), <b><i>and</i></b></li> <li>• Invoice(s) and cancelled checks for the auxiliary apparatus item(s), <i>or</i> paid receipts, <i>or</i> billing statement(s) detailing total payments due for the upcoming 12 months. <ul style="list-style-type: none"> <li>○ Must demonstrate evidence of payments being met</li> </ul> </li> </ul>

**IMPORTANT! Failure to return the applicable verifications within the required timeframe may result in termination of your housing assistance.**