

Verification of Income  
And Release of Information

Name(s): \_\_\_\_\_ Soc. Sec. #(s) \_\_\_\_\_  
 \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_

Mountain Housing Opportunities, Inc. is required to verify the income of persons applying for or benefiting from assistance through our housing development and rehabilitation programs. In order to comply with this requirement, we ask your cooperation in supplying information regarding the income of the person(s) named above. *Your signature also gives Mountain Housing Opportunities, Inc. permission to request a check on your credit history.* Mountain Housing Opportunities, Inc. also makes referrals to other housing assistance agencies when we are incapable of helping you. To this we need your permission to share information with these agencies. This information will be confidential and for use only in determining the applicant's eligibility. **Please return this form to Mountain Housing Opportunities, Inc., PO Box 2278, Asheville, NC 28802.**

Thank you,

\_\_\_\_\_  
 Program Coordinator Date

**I hereby authorize the release of the information requested and the use of this information to make referrals to other housing assistance agencies:**

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature Date

**FOR AGENCY USE ONLY**

Please indicate type of income and monthly amount:

Employment	\$	_____
Social Security	\$	_____
SSI	\$	_____
VA Benefits	\$	_____
Work First	\$	_____
Child Support	\$	_____
Other (_____)	\$	_____

This information furnished by: \_\_\_\_\_  
 Signature Title Date