

St. Joseph County Housing Authority

107 W. Center St., P.O. Box 425, North Liberty, IN 46554
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INCOME AGREEMENT FORM

Complete if using the new Safe Harbor income verification procedure.

I am submitting an income determination dated within the last 12 months from one of the following agencies:

- Families (TANF) (42 U.S.C. 601, et seq.);
- Medicaid (42 U.S.C. 1396 et seq.);
- Supplemental Nutrition Assistance Program (SNAP) (42 U.S.C. 2011 et seq.);
- Earned Income Tax Credit (EITC) (26 U.S.C. 32);
- Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC) (42 U.S.C. 1786);
- Supplemental Security Income (SSI) (42 U.S.C. 1381 et seq.);
- Other programs administered by the HUD Secretary;
- Other means-tested forms of federal public assistance for which HUD has established a memorandum of understanding; and
- Other federal benefit determinations made in other forms of means-tested federal public assistance that the Secretary determines to have comparable reliability and announces through the *Federal Register*.

I have reviewed the income determination and certify I agree with the income determination.

I understand a change in my income requires me to submit a Report of Change form and supporting documentation within 30 days of the change.

I further understand that providing false information constitutes an act of fraud. False, misleading, or incomplete information may result in denial or termination of assistance. I know I can be fined up to \$10,000 or imprisoned for up to five years if I furnish false or incomplete information.

_____ Printed Name – Head of Household	_____ Signature – Head of Household	_____ Date
_____ Printed Name – Other Adult	_____ Signature – Other Adult	_____ Date
_____ Printed Name – Other Adult	_____ Signature – Other Adult	_____ Date