## CARES-LANDLORD ENGAGEMENT PROGRAM INCOME VERIFICATION REVIEW FORM

Name:			<del></del>					
Address								
Total Number of I	ehold	Female HH- YES			NO			
			2022 Inc	come Limi	its			
Total Gross Monthly Income: \$			: \$	x 12= \$		Annual Income		ıe
erson in Households	1	2	3	4	5	6	7	8
Ioderate Income 80% of median)	66,750	76,250	85,800	95,300	102,950	110,550	118,20 0	125,800
ow Income 50% of Income)	45,300	51,800	58,250	64,700	69,900	75,100	80,250	85,450
xtremely Low Income 80% of median)	27,200	31,050	34,950	38,800	41,950	45,050	48,150	51,250
which will be provide program to allow auth are providing the serv I UNDERSTAND DECLARE THAT KNOWLEDGE T	orized reprices they are THE AB	esentatives e funding u OVE RE	of the agend as to provide GARDIN ΓΙΟΝ ΟΝ	ey to periodic to eligible of G CONFI THIS FO	ically review clientele.050 DENTIAL	case files in	order to ver	ify that we
Client Signature			Case M	Case Manager Signature				Date
Print Name			Pr	int Name				