# [INSERT AGENCY NAME]

# THIRD-PARTY ORAL CERTIFICATION OF INCOME

**Instructions**: If annual income source documents (e.g., most recent wage statement, unemployment compensation statement, public benefits statement, bank statement) are not available, a relevant third party (e.g., employer, government benefits administrator) may provide a written or oral statement of the income the program participant received over the most recent period. This form may be used to certify an oral verification of income from a third party.

**Client Name or HMIS ID:**

Date of Income Evaluation:

Relevant Third Party’s Name:

Relevant Third Party’s Organization:

Relevant Third Party’s Position/Title:

Relevant Third Party’s Contact Information:

Date of Contact with Third Party:

Amount of income received by the client during the most recent time period: $

Most recent time period: to

**Staff Supplement**

I certify the above-stated information was provided by the relevant third party listed. I understand that collecting source documents is the preferred method of documenting annual income for an individual or household who is receiving housing assistance where rent or an occupancy charge is paid by the program participant. I understand certification by intake staff of third-party oral verification is only permitted when I have attempted to but cannot obtain the source documents.

**Documentation of attempt(s) to obtain third-party verification**

Please list the attempts to obtain the source documentation of income from a relevant third party (e.g., employer, government benefits administrator):

Staff’s Signature: Date:

Staff’s Name: