



Holyoke Housing Authority

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION AGENCY
ADMINISTRATION BUILDING, 475 MAPLE STREET, Ste 1
HOLYOKE, MA 01040-3798
TELEPHONE 413-539-2220, FAX 413 -539-2227

HHA OFFICE USE ONLY

RE-CERT

_____VOUCHER

_____M O D

HHA REP

Department of Transitional Assistance
100 Front St. Ste. 2
Holyoke, MA 01041-1370

The Holyoke Housing Authority is presently in the process of:

- A. Verifying income for eligibility for admissions and re-examination.

Rental amounts are based on a fixed percentage of the resident's income. In the case of a public assistance recipient, we ascertain total monthly income from two (s) sources:

1. The individual or family public assistance grant, and
2. Income from additional sources of income. Example: Child Support

For the purpose of determining rent, income from Public Assistance, the total amount of the monthly grant is used. The flat grant amounts received are not used in calculating the rent.

I hereby give consent to the Holyoke Housing Authority to verify my income from the Department of Transitional Assistance.

Name _____
Head of Household

Name _____
Spouse/Other member of household

Address _____

Social Security # _____

Social Security # _____

Total number of persons in the household _____. The amount of the TANF monthly grant is: \$ _____ per month. If not, please state reasons:

If case is closed please state specific reason:

Income from other sources:

SS payments: \$ _____ Veteran payments: \$ _____
SSI payments: \$ _____ Unemployment payments: \$ _____
Child Support payments: \$ _____ Pension payments: \$ _____
Wages \$ _____ Protective payment\$ _____

Social Worker Signature _____ Date: _____