**DEPARTMENT OF DEVELOPMENTAL SERVICES COMMUNITY-BASED HOUSING SUBSIDY PROGRAM MONTHLY INCOME AND EXPENSE VERIFICATION FORM**

**Please submit on or before the 10th of the month**

## Month Submitted to DDS: _____

**Agency or Program:** _____

**Street:** _____ **City:** _____

**Submit one form per location. Enter income amounts from previous month**

| **Individual's Name →** | | | |
|---|---|---|---|
| **1. Gross Monthly Wages:** | | | |
| **2. SSD/SSA:** | | | |
| **3. SSI:** | | | |
| **4. DSS Cash Assistance:** | | | |
| **5. Other:** | | | |

| | | | |
|---|---|---|---|
| **6. Dependent Children?** | ☐ **Y** ☐ **N** | ☐ **Y** ☐ **N** | ☐ **Y** ☐ **N** |
| **7. Assets over $1,600.00?** | ☐ **Y** ☐ **N** | ☐ **Y** ☐ **N** | ☐ **Y** ☐ **N** |
| **8. Retroactive Check Received?** | ☐ **Y** ☐ **N** | ☐ **Y** ☐ **N** | ☐ **Y** ☐ **N** |

| **Housing Costs (Totals for location)** | |
|---|---|
| **Monthly Rent:** | |
| **Electric:** | |
| **Gas:** | |
| **Oil :** | |
| **Other Utilities:** | |
| **Other Costs:** | |

**Comments:**

**I certify the above information is correct and there is backup documentation on file for each entry.**

**Print Staff Name:**_____ **Phone #:** _____

**Staff Signature:**_____ **Date:** _____

**Community-Based Housing Subsidy Program Monthly Income and Expense Verification Form (IVF) Guidelines**

## Income and Expense Verification Form (IVF)

- Income and Expense Verification Forms (IVF) are due monthly on or before the 10th of the month
- The income information entered should be from the previous month. Example: December's earned and unearned income should be entered on the submission due January 10th
- IVF income information required:
    - Monthly Earned Income: ***Gross*** work wages (amount before taxes) and unemployment income
    - Monthly Unearned Income: SSA, SSDI, SSI, DSS cash assistance, Railroad retirement, Pension, Civil Service Pension,
    - Periodic Income: Renters' Rebate, and federal and/or state stimulus payments
- Copies of the most current utility bills covered by the program that are listed below
- Subsidy will not be issued if the IVF is not submitted for three consecutive months.

## Subsidy Amount - Needs-based

- The subsidy is based on the amounts of the individual's earned and unearned income, rental, and utility costs
- An individual will ***not*** receive a subsidy if the calculation determines they have ample total income to meet their financial needs

## Utility Bills

- The Community-Based Housing subsidy program does ***not*** reimburse an individual for the amount they have paid out towards utilities. The amount of past balances will not be added to the calculation
- Utility bill must show the address of where the services are provided
- Utility bills submitted must be the most recent received by the individual
- Copies of bills submitted must show a breakdown of the current monthly charge
- The monthly charge amount is added to the calculation
- For periodic utilities like oil or snow removal, submit the bill in the month it is received. The cost will be factored into the upcoming subsidy.
- Below is a listing of what utilities are covered and not covered

| Covered | Not covered |
|---|---|
| Electric | Phone |
| Gas | Cable |
| Oil | Internet |
| Snow Removal | Medical |
| Water/Sewer | Clothing |
| Lawn Mowing | Landscaping, fall & spring clean-ups |

## Renter's Insurance

- Individuals need rental insurance to cover their possessions, with a minimum of $100,000 in coverage.
- The Community-Based Housing subsidy program will reimburse up to $150 a year at $12.50 a month
- When the policy is renewed, a copy of declaration page of the policy that shows the individual's name, address, expiration date and cost need to be submitted for reimbursement

## Income-Assets cannot exceed $1600.00

- Social Security benefits and Gross wages must be submitted each month
- Retro benefit payments may result in being over the asset limit.
- In any month an individual has assets in the bank of over $1,600 after paying rent and utilities covered by the Community-Based Housing Subsidy Program, a subsidy will not be issued. An exception may be requested if an individual is on MED-Connect Medicaid.

## Leases

- Copies of new leases must be submitted for the Community-Based Housing Subsidy Program's records
- Increases in rent will not be entered into the payment system without a copy of the updated, fully-signed lease

## Submission:

- Submit all required documents together via fax or the email provided by the Regional Community-Based Housing Liaison. Please include a cover sheet.