

**CHATTANOOGA HOUSING AUTHORITY**

**Housing Choice Voucher Program**

801 N Holtzclaw Avenue, Chattanooga, TN 37404

Chattanooga, TN 37401-1486

[www.chahousing.org](http://www.chahousing.org)

TEL: (423) 752-486693 FAX: (423) 752-4833

DOCUMENT CHECKLIST FOR INCOME/ASSET/EXPENSES REPORTED

**You must send in ALL of the following verification documents below that apply to your family for annual re-certifications and only those that apply for an interim change:**

* **Public Aid (Families First/SNAP)** - Caseworker’s computer printed statement or cancellation letter.
* **Employment Verification -** **6** current consecutive weeks of check stubs with year to date earnings or letter from your employer that states hours worked and rate of pay, including fax number.
* **Unemployment -** Original award letter from Unemployment Compensation and current stub or

 Exhaust letter.

* **Family Contribution -** A statement from the contributor stating average monthly contributions that includes the contributor’s name, address and phone number.
* **Child Support/Alimony -** Case ID number. Notarized letter from the provider, and/or court order.
* **DFCS -** Statement of income, name and telephone number of caseworker.
* **Pension/Veteran’s Benefit -** Award letter including fax number and copy of current check.
* **SSI/Social Security Benefits -** Award letter and current statement from the Social Security Admin.
* **Bank Accounts/Assets – (**Saving, Checking, 401K, Stocks, Bonds, Property, IRA’s Mutual Funds, Annuities, Trust, Inheritances, Settlements, Life Insurance Policies, etc...)Monthly statements or letters from bank\agency stating current balance and annual interest rate. **For checking\direct deposit accounts – need last 3 bank statements. For savings accounts – need current bank statement**. Life Insurance Policies – need copy of policy pages that list policy number and cash value, if listed on your policy.
* **Copies of Social Security Cards and Birth Certificates - (For any new family members being added to the household!)**

***Also, please send in any of the following verifications that apply to your family****:*

* **Full-time Student Status -** (for students 18 years or older), current letter from the registrar or

 admissions officer verifying full-time student status and a printout of tuition costs and any financial aid

* **Medical Deduction -** for households where the head or spouse is at least 62 or a person with

disabilities - a printout from pharmacy or receipts for medications and/or medical visits paid by you within the last 12 months

* **Child Care -** A statement from the provider stating amount paid out-of-pocket withprovider’s name, address, and Social Security Number/Tax I.D. Number **and** telephone number. DHS statement needed if they assist with child care expenses.

**For each/all of the below. All will be verified for annual re-certifications:**

* ***All* income sources: job, child support, pensions, disability, gifts, etc.**
* **Assets: bank accounts, stocks, etc.**
* **Expenses: Child care and any medical expenses for disabled households**

**If claiming no income, you must bring verification of loss of *all* income sources counted previously**. If you do not send all of the required documentation you will be given a certain number of days to provide the necessary documents. If you do not provide them by the due date, **YOUR ASSISTANCE WILL BE TERMINATED.**