

VERIFICATION OF EARNED INCOME CREDIT

TAXPAYER SERVICE DIVISION
INTERNAL REVENUE SERVICE
P. O. Box 50089
Honolulu, Hawaii 96850

I have applied with the Department of Community Services, Section 8 Housing Assistance Payments Program for assistance with my rent.

I hereby authorize you to furnish information on my latest federal income tax returns as request by the DCS.

Date: _____

Signature: _____

Soc Sec No: _____

FORWARD TO: DEPARTMENT OF COMMUNITY SERVICES
 City & County of Honolulu
 842 Bethel Street, 1st Floor
 Honolulu, Hawaii 96813

TAXPAYER NAME/SS#: _____

Tax year Covered: _____

Filing Status: _____

Wages, Salaries, Tips, ETC: _____

Total Income: _____

Tax Liability: _____

Earned Income Credit: _____

Other: _____

SIGNED: _____

IRS Representative

Dated: _____