

Georgia Department of Community Affairs  
 Community HOME Investment Program  
**INCOME VERIFICATION FORM**  
**Format for Calculating Part 5 Annual Income**

1. Name of Applicant(s):		2. Total Number of Persons in Household:			
<b>ASSETS</b>					
Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets		
3. Net Cash Value of Assets.....		3.			
4. Total Actual Income from Assets.....			4.		
5. If line 3 is greater than \$5,000, multiply line by ____ (Passbook Rate) and enter results here; otherwise, leave blank			5.		
<b>ANTICIPATED ANNUAL INCOME</b>					
Family Members	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
6. Totals	a.	b.	c.	d.	e.
7. Enter total of items from 6a. through 6e. This is Annual Income.....					7.
8. Applicable income limit for county as adjusted for household size:					8.

\_\_\_\_\_  
 Applicant Signature of Homeowner or Home Buyer

\_\_\_\_\_  
 Co-Applicant Signature of Homeowner or Home Buyer