

VERIFICATION OF SOCIAL SECURITY BENEFITS

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of social security office)

Date: _____

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY CASEWORKER

Effective date: _____

Gross monthly benefits: \$ _____

Type of benefit:

Social Security

Supplemental

Retirement

Old Age

Disability

Disability

Widow(er)

Blind

Child(ren)

Handicapped

Are any changes expected in the next 12 months Yes _____ No _____

If yes, please explain: _____

Caseworker Signature

Caseworker Printed Name

Date

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.