

# VERIFICATION OF WORKMEN'S COMPENSATION

## THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of insurance company) \_\_\_\_\_ 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 AGENCY

Are benefits ongoing or limited in nature? \_\_\_\_\_

Weekly benefits: \_\_\_\_\_ Maximum potential benefits: \_\_\_\_\_

Initial benefit date: \_\_\_\_\_ Benefit expiration date: \_\_\_\_\_

Potential lump-sum settlement (s)?  Yes  No If yes how much? \$ \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name/ Title \_\_\_\_\_ 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.

