

VERIFICATION OF PENSION BENEFITS (RETIREMENT)

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of 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:

[Empty box for mailing or faxing instructions]

THIS SECTION TO BE COMPLETED BY AGENCY

Current Gross Monthly Amount: \$ _____

Benefit Expiration Date: _____

Anticipated change in next 12 months? Yes No If yes, When? _____

Please specify new amount: \$ _____

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.

