

# VERIFICATION OF SENIOR CARE

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

TO: (Name & address of public assistance 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**

Date of initial Assistance: \_\_\_\_\_

Is the above referenced person entitled to Senior Care Benefits: Yes \_\_\_\_\_ No \_\_\_\_\_

Gross Monthly Payment: \$ \_\_\_\_\_

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.

