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.

_____
Development Owner/Management Agent

EMAIL, 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.