

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.

Development Owner/Management Agent

EMAIL, MAIL OR FAX THIS FORM TO:

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.



This institution is an equal
opportunity provider.

AHFC - 07/18 VF-0021