

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.

Development Owner/Management Agent

EMAIL, 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.



This institution is an equal opportunity provider.