

Verification of Informal Support

Applicant/Resident: _____ Social Security No.: _____
Unit No.: _____

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.

By signing below I authorize the release of this information.

Participant's Signature Date

THIS SECTION TO BE COMPLETED BY PROVIDER

I certify that I provide assistance in the amount of \$ _____ each month.
The assistance provided is for _____.

Please list other assistance provided:

I certify that this information is accurate.

Signature Name (print)

Relationship to Participant Date

Agency Telephone Number

Address City State Zip