PENSION/RETIREMENT/ANNUITY INCOME

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

To Whom It May Concern:

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 PROVIDING AGENCY

Benefit Amount

Amount of **Monthly** Payments to Participant: $_____

OR

Amount of **Weekly** Payments to Participant: $_____
Date Payments Began: _____ Date Payments Ended: _____
Deductions from Gross Income for Medical Insurance Premiums: $_____

Type of Benefit (check one):

○ Pension ○ Annuity ○ Retirement
○ Other (please list): _____

I certify that this information is accurate.

_____ _____
Signature Name (print)

_____ _____
Title Date

_____ _____
Agency/Company Telephone Number

_____
Address City State Zip