

VERIFICATION OF PUBLIC ASSISTANCE

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

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

By signing below I authorize the release of this information.

Participant's Signature

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 purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY SOCIAL INSURANCE

Benefits:		<u>Date Began</u>	<u>Date Ended</u>
Amount of assistance received monthly:	\$ _____	_____	_____
Amount of child support received monthly:	\$ _____	_____	_____
Other income in household (list): _____	\$ _____	_____	_____

Names of household members: _____

Address of participant: _____

I certify that this information is accurate.

Signature

Name (print)

Title

Date

Agency

Telephone Number

Address City State Zip