

VERIFICATION OF SOCIAL SECURITY

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 SECURITY ADMINISTRATION

Benefit Amount:

Gross Social Security benefit monthly \$ _____
Gross Supplemental Security Income monthly \$ _____
Amount deducted for Medicare \$ _____
Date benefits began: _____ Date ended: _____

Type of Benefit (check if applicable):

- Retirement
- Participant Disability
- Widow(er)
- Children

Status of Application (check one):

- Claim is pending
- No record
- Other

I certify that this information is accurate.

Signature

Name (print)

Title

Date

Agency

Telephone Number

Address City State Zip