

PUBLIC ASSISTANCE VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of Agency)

Date: _____

Mode of Delivery:

☐ Mailed Date: _____
☐ Faxed Date: _____
☐ Hand Delivered* Date: _____

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my income 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.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY AGENCY

Name of Head of Household _____

Household Size _____ Number of Adults _____ Number of Minors _____

Please list all household members receiving any type of assistance through this agency.

HOUSEHOLD MEMBER	TYPE OF ASSISTANCE	GROSS MONTHLY PAYMENT
		\$
		\$
		\$
		\$

Please indicate any anticipated changes to:

1. The monthly payment(s) _____
2. The household size of the applicant/resident _____

Representative's Signature

Representative's Printed Name/ Title

Date

Agency's Name and Address

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.