

## 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.