

\_\_\_\_\_ Management Co. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

**PENSION VERIFICATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DATE: \_\_\_\_\_

Please return to Highland Property Management at the address, fax or email above.  
Thank you for your prompt response. All information is confidential. Please contact \_\_\_\_\_ if  
you have any questions.

**PERMISSION FOR RELEASE OF INFORMATION**

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to  
information that is no older than 12 months. There are circumstances which would require the owner to verify information that is  
up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Pension began: \_\_\_\_\_

Monthly Gross Pension amount before deduction: \$ \_\_\_\_\_

Is this Pension a fixed monthly total or is it subject to change?  FIXED  SUBJECT TO CHANGE

If subject to change, please list circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

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.

1<sup>st</sup> Request \_\_\_\_\_  2<sup>nd</sup> Request \_\_\_\_\_  3<sup>rd</sup> Request \_\_\_\_\_