

# PUBLIC ASSISTANCE VERIFICATION

Property Name: \_\_\_\_\_ Unit: \_\_\_\_\_

RE: \_\_\_\_\_

SS#: \_\_\_\_\_  
See instruction page.

- 1<sup>st</sup> Request \_\_\_\_\_
- 2<sup>nd</sup> Request \_\_\_\_\_
- 3<sup>rd</sup> Request \_\_\_\_\_
- Fax #: \_\_\_\_\_
- Attn: \_\_\_\_\_

Dear Sir/Madam:

We are required to verify the income of all household members applying for admission as residents to the federally-assisted housing Units which we operate, and periodically to re-examine household income. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual. This information will be used only in determining the eligibility status of the Household.

Your prompt return of this form will be appreciated. If you have any questions, please call:

Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
 Management Agent

I hereby authorize the release of requested information.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**TO BE COMPLETED BY CASEWORKER**

	<u>Monthly Amount</u>
Number in Household: _____	
Temporary Assistance for Needy Families (TANF):	\$ _____
Disability Lifeline (GAU; FIP; ADATSA):	\$ _____
Food Stamps:	\$ _____
State SSI:	\$ _____
Other Assistance – Type: _____	\$ _____
Other Income – Source: _____	\$ _____

Comments: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature Title Date

\_\_\_\_\_  
 Print Name Phone Number