



To: Name, Address, Email, Phone, Fax

From: Name, Address, Email, Phone, Fax

Re: Name, Address, Last 4 Digits of SS #

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.

Applicant/Tenant

Date

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

The individual named above has applied for tenancy or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the household's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be kept in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response. Return this form via email or fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Information Being Requested:

Gross Monthly Social Security Benefit: \$, Effective:
Date Benefits Began:
Deduction for Medicare Insurance Premiums: \$, Net Amount Monthly Payment: \$
Deduction for Medical Insurance Premiums: \$, Net Amount Monthly Payment: \$
Gross Monthly Supplemental Security Income: \$, Effective:
Overpayment Being Withheld: \$, Effective from: to
Type of Benefits: Social Security, Retirement, Disability, Widow(er), Child(ren), Supplemental Security Income, SSI/Aged, Disability/Blind, Other
We are unable at this time to verify information requested: Claim Pending, No record based on identifying information
Other, please describe:

Signature, Date, Name / Title of Person Supplying Information, Organization, Phone #, Fax #, Email Address

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.

