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.