

SOCIAL SECURITY BENEFITS VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT

This Verification is being delivered in connection with the undersigned's eligibility for residency in the following community:

Project Name: _____ Unit Number (if assigned): _____

Building Address: _____

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent as required by the Low Income Housing Tax Credit (LIHTC) and/or HOME programs.

Applicant/Tenant Signature

Return Form to:

Printed Name of Applicant/Tenant

_____ _____
Date Social Security #

THIS SECTION TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

The above-named individual has applied for residency or is currently residing in housing that requires verification of all income being received. Please provide the information requested below:

PLEASE COMPLETE THE FOLLOWING:

Date of Initial Award: _____

Current GROSS Monthly Benefit: \$ _____

Effective Date of Current Benefit: _____

Medical Insurance Premiums: \$ _____
(deducted from gross benefit)

Upcoming COLA Increase Amount: % _____ or Unknown

Effective Date of Upcoming COLA: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

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.