Public Assistance Verification Instruction

Purpose: To verify income received from public assistance such as Temporary Assistance to Needy Families (TANF) or other DSHS benefits.

Special Mention:

As a courtesy, provide a self-addressed envelope if you are mailing this form.

Specific Instructions:

- 1. Enter name of property and unit number.
- 2. Print resident's name.
- 3. Enter resident's Social Security number. *
- 4. Use this section to document when the verification was sent.
- 5. Enter the fax number and the person's name that the verification was sent.
- 6. Print your name.
- 7. Enter your phone number.
- 8. Sign your name here.
- 9. Applicant/resident signs his/her name and dates here.
- * Note: For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

PUBLIC ASSISTANCE VERIFICATION

Property Name: (1)			Unit:	(1)
RE: <u>(2)</u>			1 st Request 2 nd Request 3 rd Request Fax #:	(4) (4)
SS#: (3) See instruction page.			Attn:	
Dear Sir/Madam:				
We are required to verify the income of all household me assisted housing Units which we operate, and periodical requirement, we ask your cooperation in supplying the ir individual. This information will be used only in determin	ly to re-exam	ine household juested below	I income. To regarding th	o comply with this ne referenced
Your prompt return of this form will be appreciated. If yo	u have any q	uestions, plea	ise call:	
	Name:	(6)		
	Phone #	(7)		
Sincerely,				
(8) Management Agent I hereby authorize the release of requested information	on.			
(9)		(9)		
Applicant's Signature		Date		
na n		WORKER		e na
Number in Household:				Monthly Amount
Temporary Assistance for Needy Families (TANF):	_		\$	
Disability Lifeline (GAU; FIP; ADATSA):			\$	
Food Stamps:			\$	
State SSI:			\$	
Other Assistance – Type:			\$	
Other Income – Source:	_		\$	
Comments:				
Signature	Tit	le		Date
Print Name				Phone Number