

PUBLIC ASSISTANCE VERIFICATION

Property Name: _____ Unit: _____

RE: _____

1st Request _____

2nd Request _____

3rd Request _____

Fax #: _____

SS#: _____

Attn: _____

See instruction page.

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