

PENSION VERIFICATION REQUEST

Property Name: _____ **Unit:** _____

The undersigned applicant has applied for a rental unit located in a project financed under a Washington State Housing Finance Commission multifamily rental housing program. Income statements of a prospective resident must be verified. Agency is to complete bottom portion.

This form must be mailed or faxed. DO NOT hand-carry this form.

<p>TO: Name and Address of Plan Administrator:</p>

<p>FROM: Name and Address of Property:</p>

The individual listed below has stated s/he is receiving benefits from your agency. Information provided will be used solely to determine eligibility for occupancy.

<p>Applicant's Name: _____</p>	
<p>Social Security Number: _____</p>	
<p>My signature authorizes release of the requested information on this inquiry.</p>	
<p>_____ Signature of Applicant/Resident</p>	<p>_____ Date</p>

TO BE COMPLETED BY PENSION ADMINISTRATOR ONLY

Gross Monthly Amount of Pension:	\$	_____
Date of Initial Award:		_____
Effective Date of Current Amount:		_____
Anticipated COLA?	\$	_____
COLA Effective Date:		_____
Medical Insurance Premiums Deducted from Gross Monthly Benefits:	\$	_____
Is this a lifetime pension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>I hereby certify that the statements above are true and complete to the best of my knowledge.</p>		
_____ Authorized Signature	_____ Title	_____ Date
_____ Print Name	_____ Phone Number	