

## VERIFICATION OF SOCIAL SERVICES

### THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

**TO:** \_\_\_\_\_  
Name & Address of Agency  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**RE:** \_\_\_\_\_  
Applicant/Tenant Name  
\_\_\_\_\_  
Social Security Number  
\_\_\_\_\_  
Unit # (if assigned)

I hereby authorize release of my social services information. \_\_\_\_\_  
Signature of Applicant/Tenant \_\_\_\_\_ Date

The client named directly above has indicated that he or she is receiving income from your agency. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

\_\_\_\_\_  
Signature of Owner's Representative \_\_\_\_\_ Date

### THIS SECTION TO BE COMPLETED BY AGENCY

Monthly payment from this Agency: \_\_\_\_\_  
TANF/AFDC \_\_\_\_\_ General Assistance \_\_\_\_\_  
Child Support Pass Through \_\_\_\_\_  
Other \_\_\_\_\_  
Other known income \_\_\_\_\_

Remarks-Please indicate any anticipated changes in:

- 1.) The monthly payment: \_\_\_\_\_
- 2.) The family status of the Applicant: \_\_\_\_\_

\_\_\_\_\_  
Social Worker's Signature \_\_\_\_\_ Social Worker's Printed Name \_\_\_\_\_ Date

\_\_\_\_\_  
Agency 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.