

SOCIAL SECURITY VERIFICATION

THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

TO: _____
Name & Address of Social Security Administration

Phone Number Fax Number

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my Social Security information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. 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 APPROPRIATE SOCIAL SECURITY PERSONNEL

- The gross amount of the monthly Social Security Benefit is (do not subtract Medicare deduction) \$ _____
The above amount became effective: _____ (Month) / _____ (Year)
- The monthly payment of the Supplemental Security Income payment is \$ _____
The above amount became effective: _____ (Month) / _____ (Year)
- Other information needed: _____

Complete only if you are unable to verify information requested:

- Claim Still Pending
 No record based on identifying information
 Other _____

Social Security Official's Signature

Printed Name

Date

Social Security Administration's 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.