



verification of benefits

Agency	Attn	
Address	Fax Number	
Email	RE: Applicant/Tenant Name	

The above Applicant/Tenant is applying to/participating in a housing program that requires verification of income/benefits/assistance. The individual has signed the release below giving permission to supply us with information. The information provided will remain confidential. Please return the completed form to the address/fax below.

I certify that this verification has been sent directly to the Agency and was not hand-carried by the applicant/tenant or any other interested party.

Signature of Owner/Agent Title Date

Owner's/Agent's Address Owner's/Agent's Fax Number Email

consent to release information

My signature below authorizes verification of my benefit information.

Applicant/Tenant Signature Date Last 4 of SSN

agency: please complete the information below.

type/source of benefit or assistance	recipient name	gross amount	frequency (monthly, annual, lump sum)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

If form is completed electronically please complete box below:

Agency completed this form electronically _____ (Staff member initials)

Warning: 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.

Name (please print) Title

Email Telephone Number Signature Date