

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.

Signature of Owner's Representative

Return Form To:

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.