Colorado Housing and Finance Authority

Verification of Benefits / Public Assistance

Agency: _____

Attn: _____

Address: _____

Fax #: _____

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 you 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/Agent's Address Owner/Agent's Fax #

Consent to Release Information: My signature below authorizes verification of my benefit information.

_____ _____ _____
Tenant/Applicant Signature Last 4 SSN Date

Agency: Please complete the information requested below.

Type / Source of Benefit or Assistance	Recipient Name	Gross Amount	Frequency (Monthly, Annually, Lump Sum)

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

_____ _____
Name (Please Print) Title (Please Print)

_____ _____
Signature Date