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)	will benefits continue for the next 12 months or more
		$		☐ Yes ☐ No
		$		☐ Yes ☐ No
		$		☐ Yes ☐ No
		$		☐ Yes ☐ No
		$		☐ Yes ☐ No
		$		☐ Yes ☐ No

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**