

# SOCIAL SECURITY VERIFICATION

\_\_\_\_\_  
Client

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

The person referenced above is a participant in a project funded by the HOME Investment Partnerships Program. The U.S. Department of Housing and Urban Development (HUD) requires that we verify the income of program participants. Please complete all the information below. Thank you for your assistance.

By signing below I authorize the release of this information.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

**Benefit Amount:**

**Type of Benefit (check if applicable):**

Gross Social Security benefit (monthly)

\$ \_\_\_\_\_

Retirement

Gross Supplemental Security Income\  
Disability (monthly)

\$ \_\_\_\_\_

Participant

Amount deducted for Medicare

\$ \_\_\_\_\_

Widow(er)

Children

Date benefits began: \_\_\_\_\_

I certify that this information is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**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. or to any matter within its jurisdiction.*