

**VETERANS ADMINISTRATION BENEFITS/DISABILITY BENEFITS/  
WORKERS' COMPENSATION/UNEMPLOYMENT COMPENSATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
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

		<b>Benefit Amount</b>
Amount of <b>Monthly</b> Payments to Participant:		\$ _____
	<b>OR</b>	
Amount of <b>Weekly</b> Payments to Participant:		\$ _____
Date Payments Began: _____	Ending Date of Payments: _____	
<b>Type of Benefit (check one):</b>		
<input type="radio"/> Workers' Compensation	<input type="radio"/> Unemployment Compensation	
<input type="radio"/> Disability Benefits	<input type="radio"/> VA Benefits	
<input type="radio"/> Other (please list): _____		

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.*