

**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.*