

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.*