



**Verification of Receipt of Social Security/SSI Income**

Re. \_\_\_\_\_

Social Security # \_\_\_\_\_

Dear Sir/Madame:

We are required to verify the incomes of all family members living in or applying for public housing or Section 8 housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter. A self-addressed, stamped return envelope is enclosed. Note that the person referenced has authorized your release of the information. If you have any questions, please call \_\_\_\_\_.

Sincerely,

\_\_\_\_\_

1. Gross Monthly Payment \$ \_\_\_\_\_

2. Please check Type of Benefits Received by this family

a. Social Security Retirement

Disability

Widow(er)

Child(ren)

b. Supplemental Security Income (Including State Supplement)

Old Age

Disability

Blind

3. Monthly Medicare/Medicaid Deduction \$ \_\_\_\_\_

Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Applicant/Tenant Release**

I \_\_\_\_\_ hereby authorize the release of the requested information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Applicant/Tenant household contributes to the cost of telephone services, who contributes? \_\_\_\_\_  
What is the average monthly contribution (in cash or direct payment of the telephone bill) for the telephone service? \$ \_\_\_\_\_ **This amount is income.**

Does anyone in the family have a pager/beeper?  Yes  No. If yes, how many members have pagers/beepers? \_\_\_\_\_

What is the average monthly cost for the pagers/beepers? \$ \_\_\_\_\_

How does the family pay for the cost of pagers/beepers? \_\_\_\_\_

If someone other than a member of the applicant/tenant household contributes to the cost of pager/beeper service, who contributes? \_\_\_\_\_

What is the average monthly contribution (in cash or direct payment of the pager/beeper bill)? \$ \_\_\_\_\_

**This amount is income.**

Does the family have an Internet connection?  Yes  No. If yes, who is the Internet provider? \_\_\_\_\_

What is the monthly cost of the Internet connection? \_\_\_\_\_

Is there a dedicated telephone line for the Internet?  Yes  No. If yes, does the telephone line show on the family's telephone bill?  Yes  No. If no, get a copy of the family's other telephone bill.

How does the family pay for the Internet connection? \_\_\_\_\_

What is the average monthly cost of the Internet connection? \$ \_\_\_\_\_

If someone other than a member of the applicant/tenant family contributes to the cost of the Internet connection (in cash or direct payment to the Internet provider) for Internet services? \$ \_\_\_\_\_

**This is income.**

*Verification: The family should bring in at least two month's worth of bills for telephone, pager/beeper and Internet services, as applicable. Review the bills carefully to determine the average monthly cost for communications services.*

For applicants, what is the average monthly cost for housing and utilities? \$ \_\_\_\_\_

How does the applicant pay the cost of shelter? \_\_\_\_\_

If someone other than a member of the applicant household contributes to housing or utility costs, who contributes? \_\_\_\_\_

What is the average monthly contribution so shelter (housing plus utilities)? \$ \_\_\_\_\_

Will the person(s) contributing toward shelter continue to do so when the applicant is admitted to public housing?  Yes  No. If no, why not? \_\_\_\_\_

For tenant, what is the average monthly cost for housing and utilities? \$ \_\_\_\_\_



How does the tenant pay the cost of shelter? \_\_\_\_\_

If someone other than a member of the tenant household makes a contribution toward the shelter cost, who contributes? \_\_\_\_\_

What is the value of the contribution toward shelter? \$\_\_\_\_\_ **This amount is income.**

*Verification: Families should bring in documentation of their actual cost for housing and utilities.*

Does the family have any unreimbursed medical expenses?  Yes  No. If yes, what is the average monthly cost of reimbursed medical expenses? \$\_\_\_\_\_

How does the family pay for the unreimbursed expenses? \_\_\_\_\_

If someone other than a member of the...