

VERIFICATION OF PUBLIC ASSISTANCE INCOME

<p>(PROPERTY MANAGEMENT RETURN ADDRESS)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Public Assistance Income of all members of the household applying for participation in the HOME/CDBG Program, which we administer, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <p><u>APPLICANT INFORMATION:</u></p> <p>_____</p> <p>_____</p> </div>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><i>Public Assistance Data</i></th> <th style="text-align: right;"><i>Rate per Month</i></th> </tr> </thead> <tbody> <tr> <td>Number in family: _____</td> <td></td> </tr> <tr> <td>Aid to families with Dependent Children</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>General Assistance</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Does this amount include court-awarded support payments?</td> <td style="text-align: right;">• Yes • No</td> </tr> <tr> <td>Amount specifically designated for shelter and utilities</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other assistance—type: _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: center;">Total Monthly Grant</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other income—Sources: _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Maximum allowance for rent and utilities (as-paid States)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Amount of public assistance received during past 12 months</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	<i>Public Assistance Data</i>	<i>Rate per Month</i>	Number in family: _____		Aid to families with Dependent Children	\$ _____	General Assistance	\$ _____	Does this amount include court-awarded support payments?	• Yes • No	Amount specifically designated for shelter and utilities	\$ _____	Other assistance—type: _____	\$ _____	Total Monthly Grant	\$ _____	Other income—Sources: _____	\$ _____	Maximum allowance for rent and utilities (as-paid States)	\$ _____	Amount of public assistance received during past 12 months	\$ _____
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<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed “HOME/CDBG Program Eligibility Release Form,” which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>																						
<p><u>WARNING:</u> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>																							