

VERIFICATION OF SOCIAL SECURITY BENEFITS

<p>(PROPERTY MANAGEMENT RETURN ADDRESS)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Social Security Benefit 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: 10px;"> <p><u>APPLICANT INFORMATION:</u></p> <p>_____</p> <p>_____</p> </div>	<p>Social Security Data</p> <p>_____ Date of birth</p> <p>_____ Gross monthly Social Security Benefit amount, type of benefit</p> <p>_____ Gross monthly Supplemental Security income payment amount (including State supplement), type of benefit</p>
<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>	