

PUBLIC ASSISTANCE/TANF VERIFICATION

Send To: _____

Applicant/Tenant: _____ Unit #: _____
Soc. Security #: _____
Property Name: _____
Address: _____

RELEASE: I hereby authorize disclosure of the information requested below.

Signature of Applicant / Tenant Date

Type of Grant _____

Current Monthly Grant: \$ _____

Will the amount listed under current monthly grant be changed due to a cost of living or inflation index in the next 12 months? Yes No

If Yes, effective date: _____ New amount: \$ _____

AUTHORIZED SIGNATURE OF PERSON SUPPLYING INFORMATION

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

*****OFFICE USE ONLY*****

Date Sent: _____ By: _____

Date Returned: _____

Comments: _____

