

SOCIAL SECURITY/SSI VERIFICATION

Send To: _____

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

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

Signature of Applicant / Tenant Date

SOCIAL SECURITY:

Gross Amount for Month \$ _____

Will this social security amount be changed in the next 12 months for other than cost of living increases? Yes No

If Yes, describe reasons _____

SUPPLEMENTAL SECURITY INCOME (SSI):

Gross Amount per Month \$ _____

Will this supplemental security income amount be changed in the next 12 months for other than cost of living increases? Yes No

If Yes, describe reasons _____

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: _____

