



Department of Labor and Industries
Industrial Insurance Claims
300 W. Harrison - Room 201
Seattle, WA 98109

Re:
SSN:
DOB:

The above referenced person is a participant in our Housing Assistance Program. The Housing Authority is required to obtain third party verification of all income, and the head of household has authorized the release of such information on the accompanying form HUD-9886. We request any information you may have concerning the financial activity your agency has had with this person during the past 12 months.

Thank you for your assistance with this matter. Please fax your response back to me at (206) 256-7026.

Sincerely,

Certification Specialist
Section 8 Mod Rehab Program
Seattle Housing Authority - Porchlight
(phone)
(206) 239-1770 (FAX)

cc: file /
Encl.: HUD 9886
Return Envelope