



Head of Household Name: \_\_\_\_\_

Head of Household SS#: \_\_\_\_\_

**VERIFICATION of PENSION & ANNUITY BENEFITS**

The undersigned applicant has applied for a rental unit located in a project financed under a Washington State Housing Finance Commission multifamily rental housing program. Income statements of a prospective resident must be verified. Agency is to complete bottom portion.

*This form must be mailed or faxed. DO NOT hand-carry this form.*

TO: Name and Address of Plan Administrator	FROM: Name and Address of Project
<b>FAX BACK TO: (206) 615-3308</b>	

*The individual listed below has stated s/he is receiving benefits from your agency. Information provided will be used solely to determine eligibility for occupancy.*

Household Member's Name: _____
Household Member's SS#: _____
My signature authorizes release of the requested information on this inquiry:
_____ Household Member's Signature

**INFORMATION BEING REQUESTED**

Gross Monthly Amount of Pension or Annuity:	\$ _____	
Date of Initial Award:	_____	
Effective Date of Current Amount:	_____	
Medical Insurance Premiums Deducted from Gross Monthly Benefit:	\$ _____	
I hereby certify that the statements above are true and complete to the best of my knowledge.		
_____	_____	_____
Authorized Signature	Title	Date
_____	_____	
Print Name	Phone #	