



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

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

**PUBLIC ASSISTANCE VERIFICATION**

Dear Sir/Madam:

We are required to verify the income of all household members applying for admission as residents to the federally-assisted housing units which we operate, and periodically to re-examine resident households. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual. This information will be used only in determining the eligibility status of the household.

Your prompt return of this form will be appreciated. A self-addressed return envelope is enclosed. If you have any questions, please call:

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Manager

I hereby authorize the release of requested information

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

***To be Completed by Caseworker***

Number in Family _____	Rate Per Month
Temporary Assistance for Needy Families	\$ _____
General Assistance	\$ _____
Amount Specifically Designated for Shelter and Utilities	\$ _____
Other Assistance - Type _____	\$ _____
TOTAL MONTHLY GRANT	\$ _____
Other Income: Source _____	\$ _____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number