

SOCIAL SECURITY NUMBER CERTIFICATION

INABILITY TO DOCUMENT

I certify that the individual(s) listed below have previously been assigned the listed Social Security Number(s) by the Social Security Administration of the Department of Health and Human Services, but that at this time documentation necessary to verify the listed number(s) is unavailable.

<u>Name</u>	<u>Social Security Number</u>
_____	_____
_____	_____
_____	_____
_____	_____

I understand that proper documentation of the listed Social Security Number(s) must be submitted to Seattle Housing Authority (SHA) **within sixty (60) days from the date of this certification**. I further understand that failure to submit the required verification within the time specified will result in the denial of eligibility for admission to/recertification for any of SHA’s housing programs.

I certify that the information listed above is true and correct to the best of my knowledge. I understand that supplying false statements of information to the Seattle Housing Authority is considered fraud or misrepresentation, is punishable under Federal, State, and Local Law, and is grounds for rejection of my application, eviction, and/or termination of housing assistance under any of SHA's housing programs.

Applicant/Resident/Participant Signature

Date

Please Print Name

Phone Number