

DEPARTMENT OF HUMAN SERVICES VERIFICATION

Name and Address of DHS

Date _____
Re _____
SSN _____
Claim Number _____

The above referenced person has applied for residency/is a resident at _____.
As part of our processing, it is necessary that we obtain verification of his/her benefits.

I hereby authorize and request the following information be released to _____.

Signature of Applicant / Resident

Please complete the section below and return it via mail or fax. Thank you for your prompt attention.

Apartment Manager Signature

Type of Assistance: _____

Monthly Amount of Assistance: \$ _____

Effective Date: _____

Number of Adults: _____ Number of Children: _____

Does this recipient receive Child Support or Child Support Rebate? _____ Yes _____ No
If yes, please give amount and if Child Support is paid through Child Support Agency or paid directly to recipient.

\$ _____ is being paid to Child Support Agency.

\$ _____ is being paid directly to recipient.

Is this family receiving any other type of income from any other source? _____ Yes _____ No
If yes, please give sources and amounts.

\$ _____ is from _____.

\$ _____ is from _____.

If any changes are contemplated, please explain: _____

Name and Title of Official

Date

Telephone Number

WARNING: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States at to any matter within its jurisdiction.