

**RETIREMENT (PENSION) VERIFICATION**

Name and Address of Company

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Re: \_\_\_\_\_

SSN \_\_\_\_\_

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 the source/amounts of income of each family member.

I hereby authorize and request the following information be released to \_\_\_\_\_

\_\_\_\_\_  
Applicant / Resident Signature

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

\_\_\_\_\_  
Apartment Manager Signature

**TO BE COMPLETED BY AUTHORIZED OFFICIAL**

Claim Number: \_\_\_\_\_

Amount of Monthly Benefit: \$ \_\_\_\_\_

Company's Name and Address from who benefits are being received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Official

\_\_\_\_\_  
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 as to any matter within its jurisdiction.