

SOCIAL SECURITY VERIFICATION

Social Security Administration

Date _____

Re: _____

SSN _____

_____ County

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 and anticipated GROSS income.

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

Name of Beneficiary: _____

Type of Benefit: SSI: _____ SSA: _____

Total of Amount of Monthly Benefit: \$ _____

Amount Deducted for Medical: \$ _____

Signature of Social Security Representative

Date

Title

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.