

# PENSION INCOME VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of income. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**RELEASE STATEMENT FOR APPLICANT/RESIDENT** I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## The following is to be completed by company representative

Please fill in ALL blanks. Enter N/A if an item is not applicable to the above individual.

(Note: Information provided may require additional documentation)

Current Gross Payment: \$ \_\_\_\_\_

Frequency (select one):  Monthly  Quarterly  Annually  Other: \_\_\_\_\_

Date benefits began: \_\_\_\_\_

Effective date of current amount: \_\_\_\_\_

Method of Payment (select one):  Cash  Paper Check  Direct Deposit  Depository Debit Card  Other

If other, explanation: \_\_\_\_\_

### **AUTHORIZED REPRESENTATIVE:**

I certify that the above information is true and correct to the best of my knowledge.

Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Email: \_\_\_\_\_

