

Public Assistance Verification

Source Name: _____

Phone #: _____ Fax #: _____

Source Address: _____

Property Name: _____

Property Address: _____

The recipient named below has applied for an apartment governed by the federal government's Housing Credit Program. We must verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible. Your assistance in completing this form accurately and timely is greatly appreciated.

Applicant/Tenant Release Statement:

Applicant/Tenant Name: _____

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

The applicant/tenant may not sign the consent if the form does not clearly indicate who will provide the requested information and who will receive the information.

Signature: _____ **Social Security #:** _____ **Date:** _____

Check the type(s) of assistance received, the GROSS amount CURRENTLY receiving and frequency:

<u>Benefit Type</u>	<u>Amount</u>	<u>Frequency</u>
<input type="radio"/> Aid to Families with Dependent Children	\$ _____	_____
<input type="radio"/> Temporary Assistance for Needy Families	\$ _____	_____
<input type="radio"/> General Assistance or Relief	\$ _____	_____
<input type="radio"/> Child Support Disregard or Passthrough	\$ _____	_____
<input type="radio"/> Shelter	\$ _____	_____
<input type="radio"/> Food Stamps	\$ _____	_____
<input type="radio"/> Child Care	\$ _____	_____
<input type="radio"/> Other: _____	\$ _____	_____

(Please list type)

Are there any expected changes in the next 12 months? YES NO

Does this person receive child support/alimony directly? YES NO

If yes, please provide name of payor: _____

Comments: _____

Signature of Source: _____

Title: _____

Date Form is Completed: _____

Phone #: _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a)(6),(7)and(8.) Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6)(7) and (8).