



VERIFICATION OF SOCIAL SECURITY INFORMATION

DATE: _____ Mail Fax

DATE: _____ 2nd ATTEMPT Mail Fax

I. THIS SECTION IS TO BE COMPLETED BY MANAGEMENT & EXECUTED BY APPLICANT/RESIDENT

TO: _____ FROM: _____

PHONE _____ FAX _____

EMAIL ADDRESS _____

RETURN THIS VERIFICATION TO THE PROPERTY LISTED ABOVE

RE: (APPLICANT/RESIDENT NAME) _____ UNIT _____ SOCIAL SECURITY NO. _____

The individual named directly above is an applicant/resident of has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. The information provided will remain confidential and used only to determine the eligibility status and level of benefit available to the applicant/resident.

We ask your cooperation in supplying this information to the below referenced Management. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

NOTE TO APPLICANT/TENANT: YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: 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.

Applicant/Resident Printed Name

Signature

Date

II. THIS SECTION TO BE COMPLETED BY 3RD PARTY SOURCE/AUTHORIZED REPRESENTATIVE

1. Gross monthly benefit: _____

2. Initial Payment Date: _____

3. Was the initial payment in form of a lump sum? Yes No

4. Check type of benefits:

Social Security Retirement

Supplemental Security Income (Including State Supplement)

Disability

Old Age

Widow(er)

Disability

Child(ren)

Blind

Dual Entitlement

5. Please indicate below:

a) Is there currently an overpayment recovery? Yes No

b) If yes, what date did overpayment begin? _____

c) If yes, is the partial payment due to another source of income? Yes No

d) If yes, what is the source? _____

e) How long will overpayment recovery last? _____

6. Recipient's date of birth _____

7. Medical insurance premiums deducted from recipient's gross monthly benefit: _____

III. 3RD PARTY SOURCE/AUTHORIZED REPRESENTATIVE CERTIFICATION

I certify that the above information is true and correct,

Signature of 3rd Party Source/Authorized Representative

Representative's Title

Date

Authorized Representative's Printed Name

Phone #

Fax #

Email

Source (Company) Name and Address

PENALTIES FOR MISUSING THIS CONSENT:

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, the PHA, and any owner (or any employee of HUD, the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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, the PHA, 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

