

PENSION VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT

The property owner/managing agent must mail, fax or e-mail this form directly to the verifier.

Name & Mailing Address of Pensioning Entity	Name & Mailing Address of Owner/Agent
To: _____ _____ _____	From: _____ _____ _____
Fax #: _____	Fax #: _____
E-Mail: _____	E-Mail: _____
Re: _____	_____
Printed Name of Applicant/Resident	Unit # (if assigned) <u>XXX - XX -</u> Last Four Digits of SS#

I hereby authorize the release of my pension information requested below.

Signature of Applicant/Resident

Date of Signature

THIS SECTION TO BE COMPLETED BY PENSIONING ENTITY

The above-named individual has applied for or is currently residing in rental housing in a community that was developed under the Low Income Housing Tax Credit (LIHTC) and/or HOME programs. Provisions of the programs require verification of all income and assets. The information you provide will remain confidential and only be used for the purpose of determining the above-named individual's program eligibility. Please provide the information requested below:

Date of Initial Award: _____

Current **GROSS** monthly pension amount (prior to deductions): \$ _____

Effective Date of Current Amount: _____

Is this a lifetime pension? Yes No If no, please list pension termination date: _____

Is the current monthly pension income fixed or subject to change? Fixed Subject to Change

If subject to change, please provide a brief explanation: _____

List the effective date of the change (if applicable): _____

List **GROSS** monthly pension amount (prior to deductions) as of the effective date of change: \$ _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Printed Name of Verifier

Signature of Verifier

Date of Signature

Title of Verifier

Phone Number

Fax Number

NOTE: Section 1001 of Title 18 of the 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.