

**SAMPLE
PUBLIC ASSISTANCE VERIFICATION**

To: _____

Date: _____

_____ has applied for residency (or is a resident) at _____. As part of our processing, it is necessary that we obtain verification of his/her Public Assistance Income. The applicant/resident hereby authorizes the release of information.

Please complete the section below and return it in the enclosed self-addressed envelope. (Please mail rather than have the above individual hand deliver.) Thank you in advance for your prompt attention.

Printed Name of Applicant/Resident	Printed Name of Manager
Signature of Applicant/Resident Date	Signature of Manager Date
Social Security Number	Manager's Phone Number

THE FOLLOWING IS TO BE COMPLETED BY ASSISTANCE OFFICE:

Number in Family _____	<u>Rate per Month</u>
1. Aid to Families with Dependent Children	\$ _____
2. General Assistance.	\$ _____
3. Does This Amount Include Court Awarded Support Payments?	Yes _____ No _____
4. Other Income	\$ _____
5. Total Public Assistance Anticipated for the Next 12 Months.	\$ _____

Printed Name of Authorized Representative	Title
Signature	
Date	Phone Number

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.