

**SAMPLE  
SOCIAL SECURITY VERIFICATION**

To:     **Social Security Administration**      
\_\_\_\_\_  
\_\_\_\_\_

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 Social Security Benefits/Income. The applicant/resident hereby authorizes the release of information regarding his/her Social Security Benefits/Income.

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

\_\_\_\_\_  
Date of Birth

**TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION:**

Gross Monthly Social Security Benefit      \$ \_\_\_\_\_

Gross Monthly Supplemental Security Income      \$ \_\_\_\_\_

Amount of Monthly Deductions for Medicare      \$ \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Social Security Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

<p>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.</p>
--