

PUBLIC ASSISTANCE VERIFICATION
(Use for AFDC/TANF and other Public Assistance programs)

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

This Verification is being delivered in connection with the undersigned's eligibility for residency in the following community:

Project Name: _____ Unit Number (if assigned): _____

Building Address: _____

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent as required by the Low Income Housing Tax Credit (LIHTC) and/or HOME programs.

Applicant/Tenant Signature

Return Form to:

Printed Name of Applicant/Tenant

Date

Social Security #

THIS SECTION TO BE COMPLETED BY AGENCY PROVIDING ASSISTANCE

The above-named individual has applied for residency or is currently residing in housing that requires verification of Public Assistance being received. Please provide the information requested below:

PLEASE COMPLETE THE FOLLOWING:

Number in the Family: _____

Type of Assistance: _____

Amount of Assistance: \$ _____

Other type of Assistance _____

Other Assistance Amount \$ _____

TOTAL

MONTHLY ASSISTANCE \$ _____

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

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

Organization: _____

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.