

VERIFICATION OF SOCIAL SERVICES

CLIENT: _____

DATE: _____

ADDRESS: _____

TO WHOM IT MAY CONCERN:

The client listed above has indicated that he or she is receiving income from your agency. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Management Agent

I hereby authorize the above named management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy.

Signature: _____ Date: _____

Monthly payment from this Agency:

TANF _____

General Relief/Assistance _____

Child Support Disregard _____

Other _____

Other Known Income _____

Remarks - Please indicate any anticipated changes in:

(1) The monthly payment:: _____

(2) The family status of the Applicant: _____

Social Service Worker: _____

(Signature)

(Title)

(Date)

(Phone)

Please Return To:

(Name and title)

(Address)

(City, State and Zip Code)