

BENEFIT VERIFICATION & CONSENT

INSTRUCTIONS: Complete this form when you need to verify a household member's benefits with a government agency. First, identify the household member at the top of the form and then have that household member complete the bottom of the form to consent to the release of her benefit information. Second, mail the form to the appropriate agency. The agency should add information about the member's benefit income and then return the form to you at the address you provide. After you get the form, keep it in the household's file. It's a good idea to keep a copy of the partially completed form before you mail it to the agency.

HOUSEHOLD MEMBER'S NAME _____

SSN _____ **BIN** _____ **UNIT #** _____

The individual listed above has applied for or currently occupies a low-income apartment at a community that participates in the federal low-income housing tax credit program, which is governed under 26 U.S.C. §42.

To correctly determine this individual's eligibility to occupy a low-income unit, the law requires us to verify all income information. Please provide the benefit information requested and then mail the completed form to us at the address below. The individual's consent for the release of this information appears at the bottom of the form.

BENEFIT TYPE: _____

BENEFIT AMOUNT: Federal (gross): \$ _____

State (gross): \$ _____

Total: \$ _____

Is benefit amount expected to change over the next 12 months? Yes No

If yes, please explain: _____

NOTES: _____

I certify that the information provided above is accurate and complete to the best of my knowledge.

NAME & TITLE: _____

AGENCY: _____

TEL.: _____ **EMAIL:** _____

SIGNATURE: _____ **DATE:** _____

CONSENT TO RELEASE BENEFIT INFORMATION

I grant permission to _____

to release all information regarding my benefit income to _____ in connection with determining my eligibility to occupy an apartment at a community that participates in the federal low-income housing tax credit program.

NAME: _____

SIGNATURE: _____ **DATE:** _____

PLEASE MAIL TO: _____

OR SCAN FORM & EMAIL TO: _____