PENSION VERIFICATION REQUEST

| Property Name: | Unit: |
|---|-------------------------------------|
| | |
| The undersigned applicant has applied for a rental unit located in a project financed under a Washington State Housing Finance Commission multifamily rental housing program. Income statements of a prospective resident must be verified. Agency is to complete bottom portion. | |
| This form must be mailed or faxed. DO NOT hand-carry this form. | |
| TO: Name and Address of Plan Administrator: | FROM: Name and Address of Property: |
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| | |
| The individual listed below has stated s/he is receiving benefits from your agency. Information provided will be used solely to determine eligibility for occupancy. | |
| Applicant's Name: | |
| Applicant's Name: | |
| Social Security Number: | |
| My signature authorizes release of the requested information on this inquiry. | |
| | |
| Signature of Applicant/Resident | Date |
| Oignature of Application Colored | Dute |
| TO BE COMPLETED BY PENSION ADMINISTRATOR ONLY | |
| Gross Monthly Amount of Pension: | \$ |
| Date of Initial Award: | · |
| Effective Date of Current Amount: | |
| Anticipated COLA? | \$ |
| COLA Effective Date: | |
| Medical Insurance Premiums Deducted from Gross Monthly E | senefits: \$ |
| Is this a lifetime pension? | l No |
| I hereby certify that the statements above are true and complete to the best of my knowledge. | |
| | |
| Authorized Signature | Title Date |
| - | |
| | |
| Print Name | Phone Number |