

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:

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: _____

Social Security Number: _____

My signature authorizes release of the requested information on this inquiry.

Signature of Applicant/Resident

Date

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 Benefits: \$ _____

Is this a lifetime pension? Yes 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