

Pension Verification

Purpose: To verify an applicant's/resident's pension.

Note: This form must be mailed or faxed to the applicable plan administrator's office. The resident cannot "hand carry" the form.

Special Mention:

- ▶ As a courtesy, provide a self-addressed envelope.

Specific Instructions:

1. Enter property name and unit number.
2. Enter the name and the address of the plan administrator's office.
3. Enter your property's name and address (contact name and phone number is also helpful).
4. Enter name of the applicant or resident.
5. Enter applicant's Social Security number. *
6. Have applicant sign and date.

* **Note:** For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

PENSION VERIFICATION REQUEST

Property Name: (1) **Unit:** (1)

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: (2)

FROM: Name and Address of Property: (3)

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: (4)

Social Security Number: (5)

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

(6) (6)

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