Pension Verification Request Instruction

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)
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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 re	lease of the requested inform	nation on this inquiry.	
	i)	(6)	
Signature of Ap	olicant/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 Gr	oss Monthly Benefits:	\$	
Is this a lifetime pension?	Yes 🗌 No		
I hereby certify that the statements above are tru	ue and complete to the best of	my knowledge.	
Authorized Signature	Title		Date