Public Assistance Verification

**Purpose:** To verify income received from public assistance such as Temporary Assistance to Needy Families (TANF) or other DSHS benefits.

**Special Mention:**
- As a courtesy, provide a self-addressed envelope if you are mailing this form.

**Specific Instructions:**

1. Enter name of property and unit number.
2. Print resident’s name.
3. Enter resident’s Social Security number. *
4. Use this section to document when the verification was sent.
5. Enter the fax number and the person’s name that the verification was sent.
6. Print your name.
7. Enter your phone number.
8. Sign your name here.
9. Applicant/resident signs his/her name and dates here.

* **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.
PUBLIC ASSISTANCE VERIFICATION

Property Name: (1) ________________________________ Unit: (1) ________________________________

RE: (2) ________________________________

☐ 1st Request (4)
☐ 2nd Request (4)
☐ 3rd Request (4)

Fax #: (5)
Attn: (5)

SS#: (3) ________________________________

See instruction page.

Dear Sir/Madam:

We are required to verify the income of all household members applying for admission as residents to the federally-assisted housing Units which we operate, and periodically to re-examine household income. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual. This information will be used only in determining the eligibility status of the Household.

Your prompt return of this form will be appreciated. If you have any questions, please call:

Name: (6) ________________________________

Phone #: (7) ________________________________

Sincerely,

(8) ________________________________
Management Agent

I hereby authorize the release of requested information.

(9) ________________________________ (9) ________________________________
Applicant’s Signature Date

TO BE COMPLETED BY CASEWORKER

Number in Household: ________________________________

Temporary Assistance for Needy Families (TANF): $ __________
Disability Lifeline (GAU; FIP; ADATSA): $ __________
Food Stamps: $ __________
State SSI: $ __________
Other Assistance – Type: ________________________________ $ __________
Other Income – Source: ________________________________ $ __________

Comments:

Signature ________________________________ Title ________________________________ Date __________

______________________________ ________________________________ ________________________________
Print Name Phone Number