

**SOCIAL SECURITY VERIFICATION**

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

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**TO WHOM IT MAY CONCERN:**

The client listed above has indicated that he or she is receiving income from your agency. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Resident Services Counselor

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I hereby authorize the above named management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Detailed Budget Statement Provided \_\_\_\_\_

Monthly payment from this Agency:

AFDC \_\_\_\_\_ GA \_\_\_\_\_

Child Support Pass Through \_\_\_\_\_

Other \_\_\_\_\_

Other Known Income \_\_\_\_\_

Payments over the last 6 months \_\_\_\_\_

Remarks: Please indicate any anticipated changes in:  
(1) The monthly payment: \_\_\_\_\_  
(2) The family status of the Applicant: \_\_\_\_\_

Signature of Social Service Worker: \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_