

PUBLIC ASSISTANCE/TANF VERIFICATION

Send To: _____

Applicant/Tenant: _____ Unit #: _____

Soc. Security #: _____

Property Name: _____

Address: _____

Type of Grant: _____

Current Monthly Grant: \$ _____

Will the amount listed under current monthly grant be changed due to a cost of living or inflation index in the next 12 months? Yes ___ No ___

If yes, effective date: _____ New amount: \$ _____

AUTHORIZED SIGNATURE

Print Name: _____

Title: _____

Signature: _____

Date: _____

Telephone: _____

Agency: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____