

SOCIAL SECURITY/SSI VERIFICATION

Send To: _____

Applicant/Tenant: _____ Unit # _____

Soc. Security #: _____

Property Name: _____

Address: _____

SOCIAL SECURITY:

Gross Amount for Month \$ _____

Will this social security amount be changed in the next 12 months for other than cost of living increases? Yes No

If Yes, describe reasons _____

SUPPLEMENTAL SECURITY INCOME (SSI):

Gross Amount per Month \$ _____

Will this supplemental security income amount be changed in the next 12 months other than for cost of living increases? Yes No

If Yes, describe reasons: _____

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

RETURN TO: _____

--OFFICE USE ONLY--

Date Sent: _____

Date Received: _____

Comments: _____