

## SOCIAL SECURITY/SSI VERIFICATION

Send To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_

Soc. Security #: \_\_\_\_\_

Property Name: \_\_\_\_\_

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

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### ***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 \_\_\_\_\_  
\_\_\_\_\_

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### ***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: \_\_\_\_\_