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PENSION/ANNUITY VERIFICATION

TO: _____

 TEL.#: _____
 FROM: _____

 TEL.#: _____

DATE: _____ APT. #: _____
 DEVELOPMENT NAME: _____
 APPLICANT/RESIDENT: _____
 BENEFICIARY: _____
 PLAN NUMBER: _____
 FAX: _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

 Applicant/Resident Signature

 Social Security Number(s)

TO BE COMPLETED BY PENSION/ANNUITY SPONSOR:

1. Name of Plan or Annuity: _____
2. GROSS Monthly Payment from Pension or Annuity: _____
3. Cash Value: \$ _____
4. Dividends/Estimated Earnings _____ Other: _____
5. Is there a current interest rate: YES NO If yes, please provide: _____
6. Prior year gross earnings: \$ _____
7. Penalty for Early Withdrawal: _____
8. Date of Initial Award: _____
9. Changes in amount of award in next 12 months: _____

COMMENTS: _____

 Signature of Person Verifying Information

 Telephone Number

 Title

 Date

OFFICE USE ONLY:



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.