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PUBLIC ASSISTANCE VERIFICATION

TO: _____

DATE: _____ APT. #: _____

TEL.#: _____

DEVELOPMENT NAME: _____

APPLICANT/RESIDENT: _____

FROM: _____

TEL.#: _____

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 PUBLIC ASSISTANCE OFFICE:

AMOUNT PER MONTH:

- | | | |
|----|-------------------------------|----------|
| 1. | Number of Persons in Family | \$ _____ |
| 2. | General Assistance | \$ _____ |
| 3. | Child Support | \$ _____ |
| 4. | Other Assistance - Type _____ | \$ _____ |
| | TOTAL MONTHLY GRANT: | \$ _____ |
| 5. | Other Income - Source _____ | \$ _____ |

Please comment on any changes in assistance expected in the 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.

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