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SOCIAL SECURITY VERIFICATION

TO: _____

DATE: _____ APT. #: _____

TEL.#: _____

DEVELOPMENT NAME: _____

APPLICANT/RESIDENT: _____

FROM: _____

If receiving benefits in another's name please list their Social Security number also.

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 THE SOCIAL SECURITY ADMINISTRATION (*):

* A signed Social Security Administration computer printout is acceptable in lieu of this form.

1. Is the Social Security Number(s) Correct? YES NO If no, correct # _____

2. Date of Birth: _____

3. Gross Monthly Social Security Benefit Before Deductions: \$ _____

4. Regular monthly SSI Payment: \$ _____

5. Monthly Medical Insurance Premiums: \$ _____

6. Projected Increase/Decrease: % _____ /eff. date: _____

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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