

## PENSION VERIFICATION

(03/19)

To		Date
Applicant/Tenant Name	Social Security Number	Unit Number (if assigned)

The individual listed above is an applicant or tenant of housing under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the owner to verify all information that is used in determining eligibility. We ask your cooperation in providing the following information and returning it as soon as possible. Your prompt return of this information will help to assure timely processing of the application or recertification for assistance.

Management Agent Signature
Return Form To

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. **The applicant or tenant does not have to sign the consent if the form does not clearly indicate who will provide the requested information and who will receive the information.** This consent form is valid for 15 months from the date it is signed.

Tenant Signature	Date
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### TO BE COMPLETED BY PENSION ADMINISTRATOR

Gross Monthly Pension or Annuity	Date Benefits Began
Effective Date of Current Amount	Deduction for Medical Insurance
Is the Applicant Reimbursed for Medical Costs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Benefits Expected to Continue in the Same Amount During the Next 12 Months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	

Signature of Pension Administrator	Title of Pension Administrator
Telephone Number	Date