

PENSION VERIFICATION REQUEST

(03/19)

Property Name	Unit Number
---------------	-------------

The undersigned applicant has applied for a rental unit located in a project financed under a North Dakota Housing Finance Agency multi-family rental housing program. Income statements of a prospective resident must be verified. Agency is to complete bottom portion.

This form must be mailed or faxed. DO NOT hand carry this form.

Name of Plan Administrator			
Address	City	State	ZIP Code
Name of Property			
Address	City	State	ZIP Code

The individual listed below has stated s/he is receiving benefits from your agency. Information provided will be used solely to determine eligibility for occupancy.

Applicant's Name	Social Security Number
------------------	------------------------

My signature authorizes release of the requested information on this inquiry.

Signature of Applicant/Resident	Date
---------------------------------	------

TO BE COMPLETED BY PENSION ADMINISTRATOR ONLY

Gross Monthly Amount of Pension	
Date of Initial Award	
Effective Date of Current Amount	
Anticipated COLA?	
COLA Effective Date	
Medical Insurance Premiums Deducted from Gross Monthly Benefits	
Is this a lifetime pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Pension Administrator Printed Name	Title	Telephone Number
Signature	Date	