

SOCIAL SECURITY CHECK VERIFICATION

(02/19)

Applicant	Social Security Number	Date
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TO BE COMPLETED BY PROPERTY MANAGER

I _____ certify that I viewed Social Security Check No. _____ issued in the name of _____ on the date of _____ in the amount of \$ _____. The amount of the check represents the regular monthly income from (circle one) Social Security or SSI. The amount of \$ _____ has been deducted for the Medicare premium.

Signature	Date
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TO BE COMPLETED BY APPLICANT

I hereby certify that the information reported above concerning my Social Security and/or SSI income is correct. I understand that the amount of the Medicare premium, if any, must be included in my income for the purpose of determining my eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

Signature	Date
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