

## WORKERS COMPENSATION VERIFICATION

(02/19)

Name of Workers Compensation Provider			
Address		City	State    ZIP Code
Applicant	Social Security Number	Date	

### TO BE COMPLETED BY PROJECT MANAGER

The person listed above has indicated that he or she is receiving Workers Compensation benefits. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy in a housing development receiving tax credits under Section 42 of the Internal Revenue Service Code.

Project Management Agent
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### TO BE COMPLETED BY APPLICANT

I hereby authorize the above named management agent to make inquiries regarding my Workers Compensation benefits for the purpose of determining my eligibility for occupancy.

Signature	Date
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### TO BE COMPLETED BY WORKERS COMPENSATION BUREAU

Gross Periodic Benefit	Per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other (explain)
Date of Initial Payment	Ending Date, if known
Comments	
Signature of Workers Compensation Official	Title
Telephone Number	Date

### TO BE COMPLETED BY PROJECT MANAGER

Please Return to	Telephone Number	Fax Number
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