

## PUBLIC ASSISTANCE VERIFICATION

(03/19)

Name		Date	
Address	City	State	ZIP Code
Applicant	Social Security Number		

### TO BE COMPLETED BY PROJECT MANAGER

The person listed above has applied for housing assistance 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 in the enclosed self-addressed, stamped envelope. Your prompt return of this information will help to assure timely processing of the application for assistance.

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 income for the purpose of determining my eligibility for occupancy. The applicant or tenant may not 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.

### 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).\*\*

Signature	Date
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### A COPY OF THE ACCOUNT LEDGER FOR THE PAST 12 MONTHS MAY BE SUBSTITUTED

#### TO COMPLETED BY SOCIAL SERVICES

Statement Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Current Benefit Pay After Performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Current Benefit Sanctioned <input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Payment from this Agency TANF Grant	Family Size	Other Income
Supportive Services Paid	CCAP Benefits Paid	SNAP Benefits Paid

### BENEFITS PAID DURING THE PAST 12 MONTHS

TANF	Supportive Services	CCAP	SNAP
Comments			

Signature of Social Service Worker	Telephone Number	Date
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Please Return To	Telephone Number	Fax Number
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