VERIFICATION OF PENSIONS AND ANNUITIES

TO: _____ PLEASE RETURN TO: _____
_____ _____
_____

RE: Pension and Annuity Benefits For
_____
_____

The Federal Government requires that the income of all members of families applying for admission to a federally aided project be verified in order to establish occupancy eligibility. We request your cooperation in supplying the following information.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request you to furnish the following information that is necessary in determining eligibility for public housing.

_____ _____
Date Signature of Applicant/Tenant

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Please complete the applicable items for the applicant/tenant listed above:

Current monthly **gross** amount of pension and/or annuity $ _____

Deductions from gross for medical insurance premiums $ _____

Date of initial Award $ _____

Effective date of current amount _____

FOR ANNUITIES ONLY

Annuity Cash Value as of (current date) _____ is $ _____

If the Applicant/Tenant is **not** drawing on the annuity, are funds accessible for withdrawal? _____

Is the annuity under the control of another party? _____
If yes, provide name and address _____

_____ _____
Date Signature of Authorizing Agent

_____
Title of Authorizing Agent

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

"This institution is an equal opportunity provider."

EQUAL HOUSING OPPORTUNITY