

APPENDIX 8 VERIFICATIONS

VERIFICATION OF PENSIONS AND ANNUITIES	
<p>REQUEST FOR INFORMATION</p> <p>Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form RD 3550-1, Authorization to Release Information, provides the applicant's authorization.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call _____ at _____.</p>	
<p>APPLICANT IDENTIFICATION</p> <p>Name _____ SSN (last 4 digits): XXX-XX-_____ DOB: _____</p>	
<p>REQUESTED INFORMATION</p> <p>A. INCOME FROM ANNUITIES</p> <p>1. \$ _____ Current monthly gross amount received. Will the applicant continue to receive this monthly amount for the next twelve months? ___ Yes ___ No (If "No", please explain.)</p> <p>2. Describe any deductions from the gross amount that are taken.</p> <p>B. VERIFICATION OF ASSETS</p> <p>1. \$ _____ Current market value of assets held in the retirement or pension plan.</p> <p>2. Can the applicant withdraw amounts from the retirement account without retiring or terminating employment? ___ Yes ___ No. If yes, explain the terms of the withdrawal, including any penalties.</p> <p>3. Can the applicant borrow against amounts in the retirement account? ___ Yes ___ No If yes, explain the terms (maximum amount, interest rate, repayment term, purposes, etc.).</p>	
<p>VERIFIER INFORMATION: Please sign this verification form and print the name, address and telephone number of the verifier.</p> <p>Name: _____ Title: _____</p> <p>_____ (Signature) Telephone Number: _____</p>	
<p>WARNING: Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code)</p>	

VERIFICATION OF STUDENT INCOME AND EXPENSES																																		
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<p>REQUESTED INFORMATION</p> <p>1. Describe any financial assistance the above-referenced student receives.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;"><u>Source</u></th> <th style="text-align: left; width: 20%;"><u>Amount</u></th> <th style="text-align: left; width: 50%;"><u>Purpose for Which Funds May Be Used</u></th> </tr> </thead> <tbody> <tr><td>Scholarship(s)</td><td></td><td></td></tr> <tr><td>Grant(s)</td><td></td><td></td></tr> <tr><td>Loan(s)</td><td></td><td></td></tr> <tr><td>Work-Study</td><td></td><td></td></tr> <tr><td>Other</td><td></td><td></td></tr> </tbody> </table> <p>2. Describe any expenses the above-referenced student has for:</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="width: 10%;">\$ _____</td><td style="width: 90%;">Tuition</td></tr> <tr><td>\$ _____</td><td>Housing</td></tr> <tr><td>\$ _____</td><td>Books</td></tr> <tr><td>\$ _____</td><td>Supplies and Equipment</td></tr> <tr><td>\$ _____</td><td>Transportation</td></tr> <tr><td>\$ _____</td><td>Misc. Personal Expenses</td></tr> <tr><td>\$ _____</td><td>Total</td></tr> </tbody> </table>			<u>Source</u>	<u>Amount</u>	<u>Purpose for Which Funds May Be Used</u>	Scholarship(s)			Grant(s)			Loan(s)			Work-Study			Other			\$ _____	Tuition	\$ _____	Housing	\$ _____	Books	\$ _____	Supplies and Equipment	\$ _____	Transportation	\$ _____	Misc. Personal Expenses	\$ _____	Total
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VERIFICATION OF MEDICAL EXPENSES

REQUEST FOR INFORMATION

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Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call _____ at _____.

APPLICANT IDENTIFICATION

Name _____ SSN (*last 4 digits*): XXX-XX-_____ DOB: _____

REQUESTED INFORMATION

- Please list the purpose of any accumulated medical bills, identify to whom the amount is owed, and provide the amount to be paid during the coming 12 months.

<u>Amount</u>	<u>Owed To</u>	<u>Medical Expenses for (<i>general purpose</i>)</u>
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- Medical Insurance Premiums

\$ _____ Amount Paid Payment Period: ____ per month, ____ per year

Medical Insurance Premiums

\$ _____ Amount Paid Payment period: ____ per month, ____ per year

- List other anticipated medical expenses:

VERIFIER INFORMATION: Please sign this verification form and print the name, address and telephone number of the verifier.

Name: _____	Title: _____
(Signature) _____	Telephone Number: _____

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VERIFICATION OF SOCIAL SECURITY BENEFITS	
<p>REQUEST FOR INFORMATION</p> <p>Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form RD 3550-1, Authorization to Release Information, provides the applicant's authorization.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call _____ at _____.</p>	
<p>APPLICANT IDENTIFICATION</p> <p>Name _____ SSN (<i>last 4 digits</i>): XXX-XX-_____ DOB: _____</p>	
<p>REQUESTED INFORMATION</p> <p>Gross monthly Social Security benefit amount: \$ _____ Type of benefit: _____</p> <p>Gross monthly Supplemental Security Income payment amount (including State Supplement): \$ _____ Type of benefit: _____</p> <p>Amount of monthly deductions for Medicare paid by the applicant: \$ _____</p>	
<p>VERIFIER INFORMATION: Please sign this verification form and print the name, address and telephone number of the verifier.</p> <p>Name: _____ Title: _____ _____ Telephone Number: _____</p> <p>(Signature)</p>	
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VERIFICATION OF PUBLIC ASSISTANCE																					
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VERIFICATION OF CHILD/DEPENDENT CARE							
<p>REQUEST FOR INFORMATION</p> <p>Federal regulations require us to verify financial information provided by applicants for housing assistance. We ask your cooperation in supplying the information requested. The attached Form RD 3550-1, Authorization to Release Information, provides the applicant's authorization.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed for your convenience. If you have questions, please call _____ at _____.</p>							
<p>APPLICANT INFORMATION</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p>	<p>CAREGIVER INFORMATION</p> <p>Name: _____</p> <p>Company (if applicable): _____</p> <p>Address: _____</p> <p>_____</p>						
<p>SERVICES PROVIDED</p> <p>The name and age of the applicant's dependent(s) under your care:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. _____</td> <td style="width: 50%;">4. _____</td> </tr> <tr> <td>2. _____</td> <td>5. _____</td> </tr> <tr> <td>3. _____</td> <td>6. _____</td> </tr> </table> <p>_____</p> <p>Frequency and Cost of Care:</p> <p>In a typical week:</p> <p>How many hours of care do you provide the applicant's dependent(s)? _____</p> <p>What days do you provide care? <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat</p> <p>Approximately how many weeks in a year do you provide care: ____/52 weeks</p> <p>During extended school holidays/breaks:</p> <p>How many hours of care do you provide the applicant's dependent(s) per week? _____</p> <p>What days do you provide care? <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat</p> <p>For the services provided, the average amount charged is: \$_____ per <input type="checkbox"/> week <input type="checkbox"/> month .</p> <p>For services to be provided during the next 12 months, the total expected cost is: \$_____ for the next 12 months.</p> <p>If any of the amount charged is paid for or reimbursed by an outside source (public services, employer, etc.), the amount covered by an outside source is: \$_____ per <input type="checkbox"/> week <input type="checkbox"/> month (check the appropriate billing period).</p>		1. _____	4. _____	2. _____	5. _____	3. _____	6. _____
1. _____	4. _____						
2. _____	5. _____						
3. _____	6. _____						

VERIFICATION OF CHILD/DEPENDENTCARE – CONTINUED		
APPLICANT PAYMENT HISTORY		
Indicate the number of years you have: Known applicant _____ Provided services to applicant _____	What is the highest amount the applicant has owed you? \$ _____	How much does the applicant presently owe you? \$ _____
How would you rate the applicant's promptness in making payments in the previous 24 months? <input type="checkbox"/> Advance <input type="checkbox"/> On Time <input type="checkbox"/> Late (<i>30+ days</i>)		
Indicate the number of times payments were late in the previous 24 months:		
30 Days	60 Days	90 Days
Use this space to include any comments you wish to make concerning your experience with the applicant's payment history.		
VERIFIER INFORMATION:		
Name: _____ _____ (Signature)		Date: _____ Telephone Number: _____
Title: _____		
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VERIFICATION OF UNEMPLOYMENT BENEFITS															
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VERIFICATION OF BUSINESS EXPENSES**REQUEST FOR INFORMATION**

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APPLICANT IDENTIFICATION

Name _____ SSN (*last 4 digits*): XXX-XX-_____ DOB: _____

REQUESTED INFORMATION

Based on business transacted from _____ 20____, to _____ 20____

- | | |
|--------------------------------|-----------------|
| 1. Gross Income | \$ _____ |
| 2. Expenses: | |
| (a) Interest on Loans | \$ _____ |
| (b) Cost of Goods/Materials | \$ _____ |
| (c) Rent | \$ _____ |
| (d) Utilities | \$ _____ |
| (e) Wages/Salaries | \$ _____ |
| (f) Employee Contributions | \$ _____ |
| (g) Federal Withholding Tax | \$ _____ |
| (h) State Withholding Tax | \$ _____ |
| (i) FICA | \$ _____ |
| (j) Sales Tax | \$ _____ |
| (k) Other | \$ _____ |
| (l) Straight Line Depreciation | \$ _____ |
| Total Expenses | \$ _____ |
| 3. Net Income | \$ _____ |

VERIFIER INFORMATION: Please sign this verification form and print the name, address and telephone number of the verifier.

Name: _____ Title: _____

(Signature) Telephone Number: _____

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RECORD OF ORAL VERIFICATION		
APPLICANT INFORMATION Re: _____ Address: _____ _____ Date Received: _____		
INFORMATION VERIFIED Item verified: _____ Person contacted: _____ Representing: _____		
INFORMATION SUPPLIED		
_____ Signature of Person Receiving Verification	_____ Date	_____ Time
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