

**APPENDIX 8
VERIFICATIONS**

VERIFICATION OF PENSIONS AND ANNUITIES	
<p>REQUEST FOR INFORMATION 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 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: 15%;"><u>Source</u></th> <th style="text-align: left; width: 20%;"><u>Amount</u></th> <th style="text-align: left; width: 65%;"><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>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

1. 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 (general purpose)</u>
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2. Medical Insurance Premiums
 \$ _____ Amount Paid Payment Period: __ per month, __ per year

Medical Insurance Premiums
 \$ _____ Amount Paid Payment period: __ per month, __ per year

3. 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: _____
 _____ Telephone Number: _____
 (Signature)

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VERIFICATION OF SOCIAL SECURITY BENEFITS	
REQUEST FOR INFORMATION 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. 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 Gross monthly Social Security benefit amount: \$ _____ Type of benefit: _____ Gross monthly Supplemental Security Income payment amount (including State Supplement): \$ _____ Type of benefit: _____ Amount of monthly deductions for Medicare paid by the applicant: \$ _____	
VERIFIER INFORMATION: Please sign this verification form and print the name, address and telephone number of the verifier. Name: _____ Title: _____ _____ Telephone Number: _____ (Signature)	
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VERIFICATION OF PUBLIC ASSISTANCE																					
<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>																					
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<p>REQUESTED INFORMATION</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Number in family: _____</td> <td style="text-align: right;"><u>Rate Per Month</u></td> </tr> <tr> <td>Aid to families with dependent children</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>General assistance</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Does this amount include Court Awarded Support Payments</td> <td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Amount specifically designated for shelter and utilities</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other assistance / type: _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total monthly grant</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other income / source: _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>*Maximum allowance for rent and utilities</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Amount of public assistance given during the past 12 months</td> <td style="text-align: right;">\$ _____</td> </tr> </table>		Number in family: _____	<u>Rate Per Month</u>	Aid to families with dependent children	\$ _____	General assistance	\$ _____	Does this amount include Court Awarded Support Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount specifically designated for shelter and utilities	\$ _____	Other assistance / type: _____	\$ _____	Total monthly grant	\$ _____	Other income / source: _____	\$ _____	*Maximum allowance for rent and utilities	\$ _____	Amount of public assistance given during the past 12 months	\$ _____
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VERIFICATION OF CHILD/DEPENDENTCARE							
<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> <hr/> <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? Sun Mon Tue Wed Thurs Fri 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? Sun Mon Tue Wed Thurs Fri Sat</p> <p>For the services provided, the average amount charged is: \$ _____ per week 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 week 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? Advance On Time 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.		
<hr/>		
VERIFIER INFORMATION:		
Name: _____		Date: _____
_____ (Signature)		Telephone Number: _____
Title: _____		
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).		

VERIFICATION OF UNEMPLOYMENT BENEFITS	
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<p>APPLICANT IDENTIFICATION</p> <p>Name _____ SSN (last 4 digits): XXX-XX-_____ DOB: _____</p>	
<p>REQUESTED INFORMATION</p> <p>1. Are benefits being paid now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If yes, what is gross weekly payment? \$ _____</p> <p>3. Date of initial payment _____</p> <p>4. Duration of benefits _____ weeks</p> <p>Is claimant eligible for future benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. If yes, how many weeks? _____</p> <p>6. If no, what is termination date of benefits? _____</p>	
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VERIFICATION OF BUSINESS EXPENSES																																																	
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<p>REQUESTED INFORMATION</p> <p>Based on business transacted from _____ 20____, to _____ 20____</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1. Gross Income</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">\$ _____</td> </tr> <tr> <td>2. Expenses:</td> <td></td> <td></td> </tr> <tr> <td> (a) Interest on Loans</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> (b) Cost of Goods/Materials</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> (c) Rent</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> (d) Utilities</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> (e) Wages/Salaries</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> (f) Employee Contributions</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> (g) Federal Withholding Tax</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> (h) State Withholding Tax</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> (i) FICA</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> (j) Sales Tax</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> (k) Other</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> (l) Straight Line Depreciation</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td></td> <td style="text-align: right;">Total Expenses</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>3. Net Income</td> <td></td> <td style="text-align: right;">\$ _____</td> </tr> </table>		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		\$ _____
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VERIFICATION OF SUPPORT PAYMENTS											
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<p>APPLICANT IDENTIFICATION</p> <p>Name _____ SSN (<i>last 4 digits</i>): XXX-XX-_____ DOB: _____</p>											
<p>REQUESTED INFORMATION</p> <p>Name of Person Paying Support: _____</p> <p>Address: _____ Unit/Apt#: _____ City: _____ State, Zip: _____</p> <p>For: () Former Spouse () Children</p> <p>Children names are:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1.</td> <td style="width: 33%;">4.</td> <td style="width: 33%;">7.</td> </tr> <tr> <td>2.</td> <td>5.</td> <td>8.</td> </tr> <tr> <td>3.</td> <td>6.</td> <td>9.</td> </tr> </table> <p>Amount of Support: \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p>			1.	4.	7.	2.	5.	8.	3.	6.	9.
1.	4.	7.									
2.	5.	8.									
3.	6.	9.									
<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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