**SOCIAL SECURITY BENEFITS VERIFICATION**

Date:

To: SOCIAL SECURITY ADMINISTRATION

 Apartments is required to verify the incomes of all persons applying for admission to federally-aided housing units as well as to periodically re-examine the income of the applicant once they have moved in.

The person named below is unable to produce a copy of an Award Letter or COLA Notice or a Social Security Benefits Statement regarding a claim for monthly benefits from the Social Security Administration. It is requested that information from your records concerning his or her entitlement to benefits be furnished to this office.

Manager

Date

I hereby authorize the Social Security Administration to release the information concerning any benefits.

Signature

Date

Name of Applicant/Resident

Social Security Number

Date of Birth

Social Security Administration Report

(Check & Complete Either A or B)

[ ]  (A) Gross Amount of Social Security Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount Deducted for Medicare Premium \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Net Amount of Social Security Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Amount of Social Security Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  (B) Attached is a copy of the Social Security printout detailing the benefits for the above named applicant/resident.

**Name and Title of Social Security Official**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date