

VERIFICATION OF PUBLIC ASSISTANCE

Applicant: _____ Social Security No.: _____

Address: _____

By signing below I authorize the release of this information.

Signature of Applicant

Date

The individual named directly above is applying for a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that purpose only. Your prompt response is crucial and greatly appreciated.

Return form to:

Intake Unit
Department of Housing & Family Services
Housing & Community Development Division
745 West Main Street, Suite 300
Louisville, KY 40202

(Faxes are acceptable – 574-4199)

THIS SECTION TO BE COMPLETED BY PROVIDING AGENCY

Benefits:

		<u>Date Began</u>	<u>Date Ended</u>
Amount of assistance received monthly:	\$ _____	_____	_____
Amount of child support received monthly:	\$ _____	_____	_____
Other income in household (list): _____	\$ _____	_____	_____
Names of household members:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

I certify that this information is accurate.

Signature

Name (print)

Title

Date

Agency

Telephone Number

Address

City

State

Zip

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.