

# PENSION/RETIREMENT/ANNUITY INCOME

Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

To Whom It May Concern:

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

By signing below I authorize the release of this information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## 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

#### Benefit Amount

Amount of Monthly Payments to Participant: \$ \_\_\_\_\_

OR

Amount of Weekly Payments to Participant: \$ \_\_\_\_\_

Date Payments Began: \_\_\_\_\_ Date Payments Ended: \_\_\_\_\_

Deductions from Gross Income for Medical Insurance Premiums: \$ \_\_\_\_\_

Type of Benefit (check one):

Pension       Annuity       Retirement

Other (please list): \_\_\_\_\_

I certify that this information is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency/Company

\_\_\_\_\_  
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.