

**VETERANS ADMINISTRATION BENEFITS/DISABILITY BENEFITS/
WORKERS' COMPENSATION/UNEMPLOYMENT COMPENSATION**

Applicant: _____ Social Security No.: _____

Address _____

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 stated purpose only. Your prompt response is crucial and greatly appreciated.

By signing below I authorize the release of this information.

Applicant Signature

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 ADMINISTRATION

Benefit Amount

Amount of Monthly Payments to Participant: \$ _____

OR

Amount of Weekly Payments to Participant: \$ _____

Date Payments Began: _____ Date Payments Ended: _____

Type of Benefit (check one):

- Workers' Compensation
- Disability Benefits
- Unemployment Compensation
(Maximum benefit that could be drawn during the next 12 month period: \$ _____)
- Veterans Administration Benefits
- 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.