

# VERIFICATION OF SOCIAL SECURITY

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

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

By signing below I authorize the release of this information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The individual named directly above is applying for of 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  
Division of Housing & Community Development  
745 West Main Street, Third Floor  
Louisville, KY 40202

(Faxes are acceptable – 574-4199)

**THIS SECTION TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION**

**Benefit Amount:**

**Type of Benefit (check if applicable):**

Gross Social Security benefit monthly \$ \_\_\_\_\_

Retirement

Gross Supplemental Security Income monthly \$ \_\_\_\_\_

Participant Disability

Amount deducted for Medicare \$ \_\_\_\_\_

Widow(er)

Date benefits began: \_\_\_\_\_ Date ended: \_\_\_\_\_

Children

**Status of Application (check one):**

Claim is pending     No record     Other

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.