

AHTC FORM 410
Social Security Verification

TO: (Name & address of Social Security office)

Date: _____

RE: _____
Applicant/Tenant Name

_____ Social Security #

_____ Unit Number

CLAIM
Number: _____

I hereby authorize release of the requested information.

Signature

Date

The individual named above is an applicant/tenant of 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. Thank you.

Project Owner/Management Agent Signature

MAIL OR FAX THIS FORM BACK TO:

Please provide the information requested or provide a computer printout showing current benefits.

- Date benefits began: _____
 - Effective date of current amount received: _____
 - **GROSS** social security benefit per month: \$ _____
 - Regular monthly SSI payment (exclude SSI-E): \$ _____
 - Any Anticipated Changes in the payments? _____
 - If so, provide amount of change and effective date: \$ _____
 - Other benefit payment received: \$ _____
- Please specify: _____
- Comments: _____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature

Date

Printed Name Title

() _____
Phone Number