

Public Assistance Verification

To: _____

Phone: _____
Fax: _____

From: _____

Phone: _____
Fax: _____

I have applied or I am currently a resident at the above noted Apartment Community. I am required to disclose and verify my income, income from assets and all other reasonable, anticipated income for the next twelve months. I would appreciate your cooperation in completing the following questionnaire and returning to the above noted address.

Applicant/Resident Name: _____
Address: _____

Social Security #: _____
Date of Birth: _____

For Public Assistance Office Use Only

K-Tap or TANF benefits received monthly: \$ _____
Date K-Tap or TANF began: _____ ended (or will end): _____
Child Support income received monthly: \$ _____
Medical Card: Yes / No
Jobs Training Program: Yes / No
Date training employment began: _____ ended (or will end): _____
If in the Jobs Training Program, amount of original K-TAP or TANF
benefits family qualified to receive (disregarding wage income): \$ _____
Other household income: Yes / No
Please list other income amounts and those receiving:
_____ \$ _____
_____ \$ _____

Signature: _____ Title: _____
Printed Name: _____ Date: _____
Phone #: _____ Fax #: _____

Note: If this is a HUD Financed property Individual Consent Authorization (FAM form #H004B) must be attached.