

## Black Lung Benefit Verification

To: Black Lung Benefits Administrator  
164 Main Street – Fifth Floor  
Pikeville, KY 41501

From: \_\_\_\_\_

Phone: (800) 366-4599

Phone: \_\_\_\_\_

To Whom It May Concern:

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 it to the address listed above.

Name: \_\_\_\_\_

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

SS #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\*\*\*\*\*

### For Official Use Only

1. Gross Monthly Benefit: \_\_\_\_\_
2. Amount of deduction for medical insurance premiums: \_\_\_\_\_
3. Date of initial award: \_\_\_\_\_
4. Effective date of current benefits: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

\*\*\*\*\*

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