

Pension / Retirement / Annuity Verification

To: _____

From: _____

Phone: _____

Phone: _____

Fax: _____

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 providing any Pension/Retirement/Annuity information to the above noted address.

Applicant/Resident Name

Social Security Number

Address

Date of Birth

Apartment Number

City / State / Zip Code

For Pension/Retirement/Annuity 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: _____

*If possible, please provide a print out of benefit amounts.

Signature: _____

Title: _____

Printed Name: _____

Date: _____

Phone #: _____

Fax #: _____

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