

SOCIAL SECURITY INCOME VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

SOCIAL SECURITY AGENCY CONTACT:

Office Name:		Contact Name:		
Address:		Phone:		Fax:
City:		State:	Zip:	Email:

My Signature Authorizes Verification of my Social Security Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

- PLEASE LIST ALL BENEFITS RECEIVED BY THE ABOVE NAMED APPLICANT/TENANT
- PLEASE PROVIDE AWARD LETTERS SHOWING GROSS PAYMENT AMOUNT

Type of Benefit	Gross Payment Amount	Payment Frequency	Fixed or Subject to Change?	
	\$	[] Monthly [] Other:	[] Fixed	[] Subject to Change
	\$	[] Monthly [] Other:	[] Fixed	[] Subject to Change
	\$	[] Monthly [] Other:	[] Fixed	[] Subject to Change
	\$	[] Monthly [] Other:	[] Fixed	[] Subject to Change

Please list any expected changes: _____

Please list any helpful remarks: _____

Signature

Date

Name and Title of Person Supplying the Information

Phone #

Fax #

E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction