

SOCIAL SECURITY VERIFICATION

TO: Social Security Administration
STATE

DATE: _____ APT. #: _____

DEVELOPMENT NAME: Port Terrace Apartments

APPLICANT/RESIDENT: _____

Fax.#: (608) 221-0991

FROM: Port Terrace Apartments
1587 W. Port View Drive.
Port Washington, WI 53074
TEL.#: 262-284-4477
FAX.#: 262-284-4476

If receiving benefits in another's name please list their Social Security number also.

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Applicant/Resident Signature

Social Security Number(s)

TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION (*)

** A signed Social Security Administration computer printout is acceptable in lieu of this form.*

1. Is the Social Security Number(s) Correct? YES NO If no, correct # _____
2. Date of Birth: _____
3. Gross Monthly Social Security Benefit Before Deductions: \$ _____
4. Regular monthly SSI Payment: \$ _____
5. Monthly Medical Insurance Premiums: \$ _____
6. Projected Increase/Decrease % _____ /eff. date: _____

COMMENTS _____

Signature of Person Verifying Information: _____ Telephone Number: _____

Title: _____ Date: _____

OFFICE USE ONLY:



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