



Head of Household Name: _____

Head of Household SS#: _____

**Request for Verification of Social Security
or SSI Benefits**

CONSENT for RELEASE of INFORMATION

TO: Social Security Administration

Name

Date of Birth

Social Security Number

I authorize the Social Security Administration to release information or records about me to:

Name

Organization

Organization's Address

Phone Number

I want this information released to the above-named individual or organization to verify my income. I am either an applicant for admission as a resident to a federally-aided housing unit operated by the individual or organization or a resident having an annual recertification. The individual or organization will use the information to determine my eligibility status and the amount of my rent.

(There may be a charge for releasing information).

Please release the following information:

- ☐ Gross Monthly Social Security Benefit Amount, Type of Benefit, and Date of Birth
- ☐ Gross Monthly Supplemental Security Income Payment Amount (including state supplement), Type of Benefit, and Date of Birth

I am the individual to whom the above information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____ Date: _____ Relationship: _____

(Show signatures, names, and addresses of two people if signed by mark.)