## PUBLIC ASSISTANCE 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:		

## AGENCY CONTACT INFO

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

My Signature Authorizes Verification of my Veterans Income Information:

Applicant/Tenant Signature

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 BENEFITS ADMINSTRATION

- PLEASE LIST ALL BENEFITS RECEIVED BY THE ABOVE-NAMED APPLICANT/TENANT
- PLEASE PROVIDE A STATEMENT SHOWING ALL PAYMENTS FOR PAST 12 MONTHS

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:					
List current address on record for the	his applicant/tenant:				
List total number of adults & minors	s in this person's household:	Minors:	Adults:		
		Date			
	Signature				
	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 stateme	ents or misrepresentations to any Department		
or Agency of the United States as t					

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Date