VERIFICATION OF PENSION AND ANNUITIES

(Name of HOME Participating Jurisdiction) AUTHORIZATION: Federal Regulations require us to verify Pension and Annuities Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.	Current monthly gross amount of pension or annuity $_____ Deductions from gross for medical insurance premiums $_____ Date of initial aware _____ Effective date of current amount _____ Contributions to company retirement/pension fund $_____ Amount received in a lump sum $_____
RELEASE: I hereby authorize the release of the requested information. _____ (Signature of Applicant) Date: _____ Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.	Signature of _____ or Authorized Representative _____ Title: _____ Date: _____ Telephone: _____
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.	