VERIFICATION OF SOCIAL SECURITY BENEFITS

(Name of HOME Participating Jurisdiction) AUTHORIZATION: Federal Regulations require us to verify Social Security Benefit 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.	Social Security Data _____ Date of birth _____ Gross monthly Social Security Benefit amount, type of benefit _____ Gross monthly Supplemental Security income payment amount (including State supplement), type of benefit
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.	