



City of Houston
Housing and Community Development Department
HOME INVESTMENT PARTNERSHIP PROGRAM/
COMMUNITY DEVELOPMENT BLOCK GRANT
SOCIAL SECURITY VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT/APPLICANT

Date : _____

TO : SOCIAL SECURITY ADMINISTRATION

Address:

Telephone # _____

Fax # _____

RE : _____

Applicant/Tenant Name

Social Security Number

Unit #

I hereby authorize the release of my benefit information.

Signature of Applicant

Date

Signature of Owner Representative

Date

Federal Regulations require verification of employment and income of all household members of any household applying for a HOME assisted unit. All income must be re-examined periodically.

Please Return Form To:

THIS SECTION TO BE COMPLETED BY AN AUTHORIZED SOCIAL SECURITY REPRESENTATIVE

Date of Birth: _____

Gross Monthly Social Security Benefit Amount: \$ _____

Type of Benefit _____

Gross Monthly Supplemental Security Income \$ _____

Signature of Authorized Representative

Date

Title

Phone #

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.