HOME Tenant Based Rental Assistance

VERIFICATION OF PUBLIC ASSISTANCE and JOB TRAINING ASSISTANCE

Participant: _____Social Security Number: _____-_____-_____

Address:_____

Dear Social Service Provider: The above-mentioned person is a participant in a federally-assisted housing program. We are required by federal regulations to verify the income of program participants and their household members. Please complete all of the information below. We do not include food stamps as income, but we must have food stamp, medical card and Jobs Training, or similar program, information to process and track Family Self-Sufficiency Program participants. Thank you for your assistance.

I.   Participant Authorization
By signing below, I, the participant, do hereby authorize the release of this information.

Participant's Signature _____ Date _____

II. **Benefits Received**	Amount	Date Began	Date Ended	Year–to-Date Amount
Food stamps received monthly:	_____	_____	_____	_____
TANF received monthly:	_____	_____	_____	_____

Medical card _____ YES _____ NO

III.   Training and Other Income

Work Experience/Jobs Training/or similar program   _____ YES _____ NO

Name of Program: _____

Date training employment began _____ ended (or will end) _____

If in Jobs Training Program, amount of original benefits family qualified to receive (disregarding wage income) $_____ Other income in household ____YES ____ NO

Please list other income amounts and those receiving: _____

Please list all household members: _____   _____   _____

IV.   Official Completion of Information

By signing below, I, _____, certify that this information is accurate to the best of my knowledge.

Signature _____ Date _____ Title _____

Agency _____ Agency Telephone Number _____

Agency Address _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the United States or to any matter within its jurisdiction.