

Kathy Richards Management

1044 Rudberg Dr. Suite 2
Hurley, WI 54534

201 South Curry Street
Ironwood, MI 49938

(888) 576-6468 FAX: (906) 932-5158

(906) 932-5500

www.kathyrichards.com

Equal Housing Opportunity

This institution is an equal opportunity provider and employer.



the
"CAREtakers"



SOCIAL SECURITY VERIFICATION

TO: _____ DEVELOPMENT NAME: _____
 _____ APPLICANT/RESIDENT: _____

 TEL.#: _____ FAX _____ If receiving benefits in another's name please list their Social Security number also. _____

In order to comply with federal regulations requesting verification on all income, assets and allowances for residents of tax credit housing, please complete the following information and return it as soon as possible to the above address.

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Applicant/Resident Signature

Social Security Number(s)

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank

TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION (*):

* A signed Social Security Administration computer printout is acceptable in lieu of this form.

1. Is the Social Security Number(s) Correct? YES NO If no, correct # _____
2. Date of Birth: _____
3. Gross Monthly Social Security Benefit Before Deductions: \$ _____
4. Regular monthly SSI Payment: \$ _____
5. Monthly Medical Insurance Premiums: \$ _____
6. Projected Increase/Decrease % _____ /eff. date: _____

COMMENTS: _____

Signature of Person Verifying Information _____ Tel# _____

Title: _____ Date: _____

RETURN TO:

FAX _____

PHONE _____

PENALTIES FOR MISUSING THIS CONSENT:

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. HUD and any owner (or any employee of HUD, and any owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208(a) (6) (7) and (8).** Violations of these provisions are cited as violations of 42 USC Section **408 (a) (6) (7) and (8).*