

VERIFICATION OF SOCIAL SECURITY BENEFITS

Damascus Road, Inc., PO Box 1075, Paris,
TN 38242

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

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.

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

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.



VERIFICATION OF VETERANS ADMINISTRATION BENEFITS

Damascus Road, Inc., PO Box 1075, Paris, TN 38242

AUTHORIZATION: Federal Regulations require us to verify Veterans Administration Benefits 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.

Name of Veteran: _____

Address: _____

Claim No.: _____

Date of Birth: _____

Service Dates: _____ to _____

Benefits Paid to: _____

1. Current Benefit Amount \$ _____
 2. Original Start Date _____
 3. This amount will increase/
decrease to (circle one) \$ _____
- Date Change Takes Effect _____

4. Benefits are for:

GI Bill Training

Insurance

Service Connected Compensation
Disability (%) _____

Nonservice Pension Death

Service Connected Compensation Death

Other

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

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.



Zero Income Statement

I _____, have no income from any source.

Applicant Signature

I _____, A representative of _____ have

Staff Name

Agency Name

Verified through the social security administration that the above applicant receives no Social Security benefits at this time and has no other resources with to pay rent or utilities or the deposits necessary to access housing.

Signature of Agency Representative

Agency Representative



Verification of Employment

Damascus Road, Inc., PO Box 1075,
Paris, TN 38242

AUTHORIZATION: Federal Regulations require us to verify Employment 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.

Employed since: _____ Occupation: _____

Salary: _____

Effective date of last increase: _____

Base pay rate:

\$_____/Hour; or \$_____/Week; or \$_____/Month

Average hours/week at base pay rate: _____ Hours

No. weeks _____, or No. weeks _____ worked/Year

Overtime pay rate: \$_____/Hour

Expected average number of hours overtime worked per week during next 12 months _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: _____ \$_____ per _____

Is pay received for vacation? Yes No

If Yes, no. of days per year _____

Total base pay earnings for past 12 mos. \$ _____

Total overtime earnings for past 12 mos. \$ _____

Probability and expected date of any pay increase: _____

Does the employee have access to a retirement account? Yes No

If Yes, what amount can they get access to: \$ _____

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.



VERIFICATION OF: Assets on Deposit

Damascus Road, Inc., PO Box 1075, Paris, TN 38242	Checking Account No. _____	Average Monthly Balance for Last 6 Months _____	Current Interest rate _____		
<p>AUTHORIZATION: Federal Regulations require us to verify Assets on Deposit 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.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	Savings Accounts _____	Current Balance _____	Current Interest Rate _____		
	Certificate of Deposit Account No. _____	Amount _____	Withdrawal Penalty _____	Current Interest Rate _____	
	IRA, Keogh, Retirement Accounts				
	Account No. _____	Amount _____	Withdrawal Penalty _____	Current Interest Rate _____	
	Money Market Funds _____	Amount (Average 6-month Balance) _____	Interest Rate _____		
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____ (Signature of Applicant)</p> <p>Date: _____</p>	Signature of _____ or Authorized Representative Title: _____ Date: _____ Telephone: _____				
<p>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.</p>					

