

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Name \_\_\_\_\_  
\_\_\_\_\_  
Social Security Number \_\_\_\_\_

FROM/RETURN TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your prompt response. All information is confidential.  
Please contact \_\_\_\_\_  
at \_\_\_\_\_ if you have any questions.

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**PERMISSION FOR RELEASE OF INFORMATION**

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS SECTION TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION REPRESENTATIVE**

Recipient Name: \_\_\_\_\_

\* Current assistance received: \$ \_\_\_\_\_ monthly yearly other \_\_\_\_\_

\* **Do not include deferred periodic amounts from veteran's disability benefits that are received in a lump-sum or in prospective monthly amounts.**

\_\_\_\_\_  
Agency Authorized Signature

\_\_\_\_\_  
Printed name/title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name and Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

- 1<sup>st</sup> Request \_\_\_\_\_
- 2<sup>nd</sup> Request \_\_\_\_\_
- 3<sup>rd</sup> Request \_\_\_\_\_

Fax #: \_\_\_\_\_

Attn: \_\_\_\_\_