

## Social Security / SSI Verification

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

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

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your prompt response. All information is confidential.

Please contact \_\_\_\_\_

at ( ) \_\_\_\_\_ if you have any questions.

### 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 SS / SSI ADMINISTRATOR(S)

#### COMPLETE AS APPLICABLE

Gross monthly payment	\$ _____
Deductions for Medicare premiums	\$ _____
Net amount of payment	\$ _____

#### TYPE OF BENEFITS – check all that apply

Social Security		Supplemental Security Income	
<input type="checkbox"/> Retirement	<input type="checkbox"/> Disability	<input type="checkbox"/> Old Age	<input type="checkbox"/> Disability
<input type="checkbox"/> Widow(er)	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Blind	<input type="checkbox"/> Other

The above amount became effective on \_\_\_\_\_.

We are unable at this time to verify information requested:

☐ Claim still pending      ☐ No record based on identifying information      ☐ Other - see reverse side of form

#### SOCIAL SECURITY ADMINISTRATION

Signature	_____	Date	_____
Print your name	_____	Tel. #	_____
Title	_____		
Address	_____		

**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, the PHA and any owner (or any employee of HUD the PHA or the 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. 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, the PHA 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**