



Providing Homes, Creating Community, Changing Lives

# Assistance Verification

Boulder Housing Partners | 4800 North Broadway Boulder, CO 80304 | Phone: 720-564-4610

## Tell Us About Assistance You Receive

Agency Name	To Attention	Agency Fax #	Agency Phone #
Agency Address			
Name of person receiving assistance		Head of Household Name	
Applicant/Resident Social Security #		Applicant/Resident Date of Birth	

**Consent to Release Information: My signature below authorizes verification of my benefit information.**

\_\_\_\_\_

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

**STAFF USE ONLY**

The above Applicant/Resident is applying to/participating in a housing program that requires verification of income/benefits/assistance. The individual has signed a release above giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the address/fax below.

**I certify that this verification has been sent directly to the Agency and was not hand-carried by the applicant/tenant or any other interested party.**

Signature of Owner/Agent \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Owner/Agent Address \_\_\_\_\_ Owner/Agent's Fax Number \_\_\_\_\_

**Agency: Please complete the information requested below.**

**INCOME SOURCES: Medicare/Medicaid, Home Care, TANF, AND, OAP for the calendar year \_\_\_\_\_ Number of People in Household \_\_\_\_\_**  
**PLEASE LIST ALL SOURCES OF INCOME**

	Medicare/Medicaid	Homecare	AND	TANF	OAP	Food Stamps
January	\$	\$	\$	\$	\$	\$
February	\$	\$	\$	\$	\$	\$
March	\$	\$	\$	\$	\$	\$
April	\$	\$	\$	\$	\$	\$
May	\$	\$	\$	\$	\$	\$
June	\$	\$	\$	\$	\$	\$
July	\$	\$	\$	\$	\$	\$
August	\$	\$	\$	\$	\$	\$
September	\$	\$	\$	\$	\$	\$
October	\$	\$	\$	\$	\$	\$
November	\$	\$	\$	\$	\$	\$
December	\$	\$	\$	\$	\$	\$

**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 U.S. as to any matter within its jurisdiction.**

Type \_\_\_\_\_ Date Began \_\_\_\_\_ Date Terminated \_\_\_\_\_

Signature of Agency Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

