

**SOCIAL SECURITY and SUPPLEMENTARY SECURITY INCOME VERIFICATION FORM**

Name of Agency: \_\_\_\_\_

PLEASE RETURN FORM TO:

Address: \_\_\_\_\_

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

Area to be completed by the Social Security Administration

Name of original annuitant: \_\_\_\_\_ and Social Security Number of person receiving claim: \_\_\_\_\_

Indicate information needed by checking spaces below:

\_\_\_\_\_ The gross amount of the monthly social security benefit is: \$ \_\_\_\_\_

The amount deducted for Medicare is: \$ \_\_\_\_\_

The net amount of social security check each month is: \$ \_\_\_\_\_

The above amount became effective \_\_\_\_\_

Month Year

Has the monthly payment been reduced for overpayment of previous benefits? \_\_\_\_\_ If yes, by how much? \_\_\_\_\_

\_\_\_\_\_ The monthly amount of the supplemental security income payment: \$ \_\_\_\_\_

The above amount became effective \_\_\_\_\_

Month Year

**\*Please provide a copy of letter or list amount in the space provided.**

Complete only if you are unable to verify information requested.

\_\_\_\_\_ Claim still pending. **OR** \_\_\_\_\_ No record based on identifying information.

\_\_\_\_\_  
Name and Title of Person  
Supplying the Information

\_\_\_\_\_  
Firm/Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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 that 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

**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.

**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 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 willingly 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 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 U.S.C. 408 (a) (6), (7) and (8).

Please return form to the address listed above. Thank you.



## **Acceptable forms of Social Security and Supplementary Security Income (SSI) Verification:**

**NOTE:** HUD accepts three methods of verification. These are, in order of acceptability, third-party verification, review of documents, and family certification. If third-party verification is not available, owners must document the tenant file to explain why third-party verification was not available.

1. Initial occupancy. At initial occupancy, acceptable forms of verification are:
  - Benefit verification form completed by agency providing the benefits;
  - Award or benefit notification letters prepared and signed by the authorizing agency. (Since checks or bank deposit slips show only net amounts remaining after deducting supplemental security income or Medicare, they may be used only when award letters can't be obtained.) If the applicant does not have his or her award letter, the applicant may obtain it by calling 800-772-1213.
2. Annual recertification. At annual recertification, the owner can verify benefit information by obtaining a Benefit History Report from TASS. These Benefit History Reports are generated three or four months before annual recertification dates and are available on the TASS website. TASS is provided a monthly TRACS file for households whose annual recertification date is four months hence. TASS processes that data through the Social Security Administration databases and places the Benefit History Reports on their website for sites to download. If the owner cannot obtain this report from TASS, the owner uses the verification methods for initial occupancy. TASS can be entered with the following website. This address will give you instructions to register for the TASS system.

[www.hud.gov/offices/reac/products/tass/ssssi\\_reference.cfm](http://www.hud.gov/offices/reac/products/tass/ssssi_reference.cfm)

When you enter this website – scroll down to How to Log into TASS's Secure Systems. This area will give you detailed instructions to register online.

**NOTE:** Failure to obtain a Benefit History Report from TASS is not an indication that the tenant does not receive benefits. Due to data sharing limitations between existing data systems, it is possible for a tenant to receive benefits on which the owner cannot obtain a Benefit History Report.