

**SOCIAL SECURITY BENEFITS VERIFICATION**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ has applied for residency/is a resident at our rental property. As part of our processing, we must obtain verification of his/her social security benefits.

Permission by: \_\_\_\_\_ (Applicant/Resident's Signature) \_\_\_\_\_ (Date)

Please complete the section below and return it by mail in the enclosed self-addressed stamped envelope. Thank you in advance for your prompt attention.

Sincerely,

\_\_\_\_\_  
Apartment Manager

THE FOLLOWING TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE:

\_\_\_\_\_ 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

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone Number)