South Shore Housing
169 Summer Street
Kingston, MA 02364-1220
(781) 422-4200; 1-800-242-0957
FAX (781) 585-7483 TDD (781) 422-4200

Income and Asset Verification Form

I do hereby authorize South Shore Housing to verify my income, assets, and other benefits that I am eligible for or have received in the past.

_____ _____ _____
Signature **Date** **Social Security Number**

Employer, Bank, Unemployment, Welfare Office, Social Security Office, etc.

Name: _____

Address: _____

Telephone #: _____ **Fax#:** _____ **Account #(s):** _____

Please Return Form To South Shore Housing. PARTICIPANT- DO NOT WRITE BELOW THIS LINE!
Thank you. RENEWAL DEPT.

****

The above named party has authorized South Shore Housing (SSHDC) to verify their income/assets. Please complete and return this form to SSHDC in the stamped self addressed envelope. Thank You.

Employment: (Check one)
Gross Earnings: Per Year_____ Commission (monthly)_____
Per Hour _____, Per Week _____, Per Month _____,
Average Weekly Hours _____ Average Weekly Tips _____.

_____ _____
Date of Hire Last Date of Employment

Benefits:

TAFDC	$ _____	per month
EAEDC	$ _____	per month.
FOOD STAMPS	$ _____	per month.
Child Support	$ _____	per month.

Beginning date of benefits: _____ **Closing date of benefits:** _____

**** NOTE If the grant does not equal the number of people in the household please provide a written explanation**
_____.

Computer Printout:

SSA, SSI	$ _____	per month.
Veterans Benefits	$ _____	per month.
Pension	$ _____	per month.
Unemployment	$ _____	per month.

Other Income:
Child Support, etc. $ _____
(check one) Per Week _____, Per Month _____, Per Year _____.

Bank Accounts:
Current Balance $ _____.
Interest Rate % _____.

_____ _____ _____
Signature of Verifier Title Date