

PUBLIC ASSISTANCE/CHILD SUPPORT VERIFICATION

This individual 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 individual's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the company or individual listed at the end of this verification. Your prompt return of this information will help to ensure timely processing of the application for assistance.

Property Requesting Verification VERMILLION HOUSING AUTHORITY

Public Assistance Agency _____

Agency Address _____

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.

Printed Name of Applicant/Tenant _____ Social Security Number _____

Signature of Applicant/Tenant _____ Date _____

(You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.)

THIS SECTION TO BE COMPLETED BY PUBLIC ASSISTANCE AGENCY

The applicant/tenant has authorized the above stated public assistance agency to furnish information regarding income distributed to this individual. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for housing assistance.

Type of assistance and amount received:

| | | |
|---|----------|-----------|
| Aid to Families with Dependent Children | \$ _____ | per month |
| General Assistance | \$ _____ | per month |
| Amount Designated for Shelter & Utilities | \$ _____ | per month |
| TANF | \$ _____ | per month |
| Other Assistance: Type _____ | \$ _____ | per month |
| Total Monthly Assistance | \$ _____ | |
| Child Support Income | \$ _____ | per month |

****please include 12 months of payment verification**

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Printed Name of Authorized Representative of Public Assistance Agency _____ Title _____

Signature of Authorized Representative of Public Assistance Agency _____ Date _____

Agency/Organization _____ Phone Number _____

Please return this completed verification form to:

**Vermillion Housing Authority
25 Center St.
Vermillion, SD 57069**

**Fax: 605.677.7192
Ph: 605.677.7191**

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 42 USC 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f) (g) and (h).
