



PUBLIC ASSISTANCE VERIFICATION

Client: _____

Social Security Number: _____ - _____ - _____

We are required to verify the income of all household members applying for assistance through our Nooksack Social Services programs. We are requesting your assistance and cooperation in supplying the information requested below regarding the above referenced individual. This information will be used to determine eligibility status.

Your prompt response and return of this form is appreciated. If you have any questions or concerns, please call:

Name: _____

Phone: _____

Sincerely,

Management Agent

I hereby authorize release of requested information.

Applicant Signature

Date

TO BE COMPLETED BY CASEWORKER

	<u>Monthly Amount</u>
Number in Household: _____	
Temporary Assistance for Needy Families (TANF):	\$ _____
GAU:	\$ _____
Food Stamps:	\$ _____
State SSI:	\$ _____
Comments: _____	

Signature Title

Date

Printed Name

Phone Number