



1000 Carthage Street
P.O. Box 636
Sanford, NC 27331
919-776-7655
www.sha-nc.org

Date: _____

DEPARTMENT OF SOCIAL SERVICES VERIFICATION

Dear Sir or Madam:

We are required to verify the income of all applicants/participants in the Housing Choice Voucher Program. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information that you provide only to determine the family's eligibility for Housing Choice Voucher Program and pledge to keep the data in strict confidence.

We would greatly appreciate your prompt return of this letter.

SHA HCV Staff

Participant Name: _____
Last 4 Digits of SSN: _____
I hereby authorize the release of information requested directly to the Sanford Housing Authority.
Signature: _____ Date: _____

Type of Assistance and Effective Date:

WFFA	\$ _____
IVD Child Support	\$ _____
Child Care Parent Fee	\$ _____
Food Stamps	\$ _____
Other Income Sources	\$ _____

Signature: _____

Title: _____

Date: _____ **Phone Number:** _____