



FIXED INCOME VERIFICATION

1740 Avenue G, Plano, Texas 75074 (972) 423-4928 Fax (972) 516-0251

Entity Name: _____

Address: _____

Telephone: _____ Fax: _____

I hereby authorize the above entity to release this information to the Plano Housing Authority regarding my fixed income.

√Signature: _____ √ Date: _____

√Print Name: _____ √ SSN: _____

To Whom It May Concern:

The above individual has requested residence at the Plano Housing Authority. The Plano Housing Authority is required to verify assets, income and certain expenses of all persons applying for admission to or living in Federally Assisted Housing. To comply with this requirement, we ask for your cooperation in supplying the information requested regarding the referenced individual. This information will be used only to determine eligibility or rent.

Your prompt return of this information in the enclosed envelope will be appreciated. Thank you.

Name of PHA Official

Signature of PHA official

CONFIDENTIAL INFORMATION

(Please complete all sections using "0" Or "n/a" if not applicable)

Type of Income:

Gross Amount

Public Assistance/TANF (AFDC)	\$ _____/month
Disability Insurance Benefits	\$ _____/month
Unemployment Benefits	\$ _____/week
Workers Compensation	\$ _____/week
Assistance from Relatives	\$ _____/month
Retirement Benefits	\$ _____/month
Pension	\$ _____/month
Annuities	\$ _____/month
VA Benefits	\$ _____/month
Child Support/Alimony	\$ _____/month
Food Stamps	\$ _____/month
Other (specify) _____	\$ _____/month

Firm Name _____

Signature _____

Print _____

Title _____

Date _____

Telephone _____

Date Began: _____

If Applicable,

Date Ended: _____