

Annuity Verification



To: Name: _____
Address: _____

Phone: _____ Fax: _____

From: Name: _____
Address: _____

Phone: _____ Fax: _____

RE: Name: _____ Address: _____
SSN (Last 4 Digits): _____

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.

Applicant / Resident

Date

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

The individual named above has applied for residency or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and **will be kept in strict confidence**. We are required to complete our verification process in a short time period and would appreciate your prompt response. If this correspondence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

Information Being Requested:

Name of Annuitant: _____

Current value of annuity: _____

Current Interest Rate: Fixed Variable (please list average rate for last 6 months) _____ %

Current monthly gross amount of annuity payment: \$ _____

Deduction from gross for medical insurance premiums: \$ _____

Reimbursement for medical insurance premiums: \$ _____

Date of initial award: _____

Effective date of current amount: _____

Is there a known increase in monthly payment in the next 12 months? YES NO

If YES, amount of increase: \$ _____ Effective date: _____

Name / Title of Person Supplying Information

Firm / Organization

Signature

Date

Phone #

Fax #

E-mail

Penalties for misusing this content: 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 use 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 208(a), (6),(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C.408 (a), (6), (7) and (8).

