



**INCOME VERIFICATION AUTHORIZATION**

I, \_\_\_\_\_ hereby authorize Housing Authority of the City of Stamford, to contact any agency, employer, group or organization to obtain any and all information or materials which are deemed necessary to determine if I am eligible for participation in the Section 8 Rental Assistance Program. I understand that this information is only for the purpose of determining my eligibility and will be kept confidential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Home: \_\_\_\_\_

Phone: \_\_\_\_\_

**Provide below is information which may be of some assistance to you in obtaining my records:**

SOCIAL SECURITY# \_\_\_\_\_ JOB \_\_\_\_\_ AFDC \_\_\_\_\_ TERM \_\_\_\_\_

OTHER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**\*\*AFDC Claim Number \_\_\_\_\_ if you are receiving Social Security or Pension under a different Social Security Number (late husband, son, daughter, etc.)**

Department or unit working (if applicable) \_\_\_\_\_