SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY

Social Security Verification

Date: _____
To: _____
_____
Social Security Number: _____
Security Claim #:_____

I do hereby authorize the Social Security Administration to furnish to the _____ (Project Name) information regarding the amount of the monthly payment made to me.

Signature _____ **Date** _____

Indicate information needed by checking spaces below:

The gross amount of the monthly Social Security benefit is $_____

The amount deducted for Medicare is $_____

The net amount of the Social Security Check each month is $_____

The above amount became effective

Month Year

The monthly amount of the supplemental security income payment is $_____

The above amount became effective

Month Year

Other information needed - please specify on reverse side.

Complete only if you are unable to verify information requested:

_____Claim still pending

_____No record based on identifying information

_____Other - Please explain on reverse side of form

_____ _____

Signature and Title of Authorized Social Security Official **Date**

_____

Telephone Number

PLEASE RETURN TO: