



**HPRP Kansas City Project Hope
Neighborhood and Community Services Department
Human Services Division**



Pension Verification

The person listed below has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD) Homelessness Prevention and Rapid Re-Housing. HUD requires that we verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning the form in the self addressed return envelope within 10 days. The applicant has consented to this release as indicated below.

Name of Requesting Organization: _____

Street Address (including city, state, zip): _____

Case Manager Signature: _____ Date: _____

Phone: _____ Fax: _____

Name of Applicant: _____

Social Security #: _____

Street Address (including city, state, zip): _____

Applicant Signature : _____ Date: _____

***All information below this line is to be completed by authorized personnel.**

Current Monthly Gross Amount of Pension: \$ _____

Medical Insurance Premiums: \$ _____

Date of Initial Award: _____

Effective Date of Current Amount: _____

Firm/Organization Name:

Street Address	City	State	Zip
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Authorized Representative's Name: _____

Authorized Representative's Title: _____

Signature: _____ Date: _____