



Providing Homes, Creating Community, Changing Lives

Verification of Assistance

4800 N. Broadway, Boulder, CO 80304 | p: 720-564-4630 | f: 303-302-1658 | www.boulderhousing.org

Tell Us About Assistance You Receive - Applicant/Participant complete and sign top portion only and take to your employer to have them complete the bottom of the form and return to Boulder Housing Partners.

Agency Name	To Attention	Agency Fax #	Agency Phone #
Agency Address			
Name of person receiving assistance		Head of Household Name	
Applicant/Participant Social Security #		Applicant/Participant Date of Birth (MM/DD/YYYY)	

Consent to Release Information: My signature below authorizes verification of my benefit information.

Applicant/Participant Signature Date

The above Applicant/Participant is applying to/participating in a housing program that requires verification of income/benefits/assistance. The individual has signed a release above giving you permission to supply us with information. The information provided will remain confidential.

For Agency: Please fill out the information below as completely as possible and return to Boulder Housing Partners via fax (303-302-1658) or email (hcv@boulderhousing.org) or mail (4800 Broadway, Boulder, CO 80304).

INCOME SOURCES: Medicare/Medicaid, Home Care, TANF, AND, OAP for the calendar year _____ Number of People in Household _____
PLEASE LIST ALL SOURCES OF INCOME

	AND	TANF	OAP	Alimony	Child Support	Family Gift/Other
January	\$	\$	\$	\$	\$	\$
February	\$	\$	\$	\$	\$	\$
March	\$	\$	\$	\$	\$	\$
April	\$	\$	\$	\$	\$	\$
May	\$	\$	\$	\$	\$	\$
June	\$	\$	\$	\$	\$	\$
July	\$	\$	\$	\$	\$	\$
August	\$	\$	\$	\$	\$	\$
September	\$	\$	\$	\$	\$	\$
October	\$	\$	\$	\$	\$	\$
November	\$	\$	\$	\$	\$	\$
December	\$	\$	\$	\$	\$	\$

Type of assistance Date Assistance Began Date Assistance Terminated

Signature of Representative Title Date

Printed name of Representative Telephone number

