



# 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](mailto: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 \_\_\_\_\_

