

PUBLIC AID RECIPIANT VERIFICATION

Expert Knowledge - Exceptional Service

Applicant/Resident Name

Number of people in family:	
Type of Public Aid	Monthly Amount
TANF Temporary Assistance to Needy Families:	\$
Cash Assistance from Public Aid:	\$
Utility Assistance Provider:	\$
Food Stamps:	\$
Other assistance Type: (Please note Medicare/Medicaid on the line.)	\$
TOTAL MONTHLY GRANT	\$
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.	
Signature of Applicant/Resident	Date
Signature of Notary Public	Date

State Commission Issued _____ Commission Expiration Date _____

WARNING: Section 1001 of Title 18 of the U.S. Code (18 USC 1001) makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. The criminal penalty under 18 USC 1001 is up to a \$10,000 fine, 5 years imprisonment, or both.



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