



Expert Knowledge - Exceptional Service

SOCIAL SECURITY VERIFICATION

Applicant/Resident Name

GROSS monthly amount received, **BEFORE** any deductions \$ _____

Please Check type(s) of Benefits:

A. Social Security

Retirement _____

Disability _____

Widow(er) _____

Child(ren) _____

B. Supplemental Security Income including State Supplement

Old Age _____

Disability _____

Blind _____

Monthly Medicare/Medicaid Deductions \$ _____

Notes: _____

Current/Most Recent Social Security Statement MUST be attached.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Applicant/Resident _____ 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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