2001 North Hoard Avenue | P.O. Box 2147
Phone: 903.893.3139 Sherman, Texas 75091-2147 Fax: 903.893.9064

Verification of Pension or Retirement

_____

_____

_____

Federal requirements require the Sherman Housing Authority to verify the income of all family members living in or applying for public housing. We ask your cooperation by supplying the information requested below about the referenced person. SHA will use the information only to determine the family's eligibility and rent and will keep the information confidential. The Sherman Housing Authority would appreciate your prompt return of this letter. A self-addressed stamped envelope is enclosed. You may also email to: kphelps@shermanha.com.

Thank you,

_____

SHA Staff

I hereby authorize the release of the requested information:

_____	_____	_____
Signature	Social Security Number	Date

Applicant sign, SSN, and date above this line. Only employer completes information below this line.

Amount of Pension / Retirement received monthly: $_____.

_____	_____
Agency Name	Phone Number

_____

Mailing Address

_____	_____	_____
Signature	Title	Date