REHAB PROGRAM
VERIFICATION OF ASSISTANCE

To County Social Services

Part I: To be completed by the Applicant **Social Security #: _____**

I, _____, living at
First Name Last Name

_____, Hutchinson, MN 55350
Street Address

do hereby authorize the County Social Services staff to furnish the rehab loan program with information regarding the monthly payment made to me for AFDC, General Assistance or other direct payments. This information is required for income verification for the Housing Rehabilitation Program. The information you provide will be private and only used in establishing eligibility for this family.

_____ _____
Signature **Date**

Part II: To be completed by the Social Services Agency

1. Type of Assistance Provided:_____ Monthly Amount: $_____
(AFDC, etc.)

2. If the above recipient receives a Child Support Bonus Payment, please give the monthly amount:

$ _____

3. Is this payment? Regular _____ or Sporadic _____.

If it is sporadic, what was the total amount received for the past 12 months?

$_____.

4. Is the same amount likely to be received in the next 12 months? Yes / No

5. Does the recipient receive any other income to the best of your knowledge? Yes / No

If Yes, what is the source and how much is received? _____

_____ _____
Social Services Signature **Title**

_____ _____
Date **Telephone Number**

Please return this form to: **Hutchinson HRA, 111 Hassan St SE, Hutchinson, MN 55350**
If you have any questions, please call: **Judy Fleming, Hutchinson HRA, 320-234-4251**
Fax: 320-234-4220