
VERIFICATION OF ASSISTANCE

To: McLeod County Social Services

Part I: To be completed by the Applicant

I, _____, living at
First Name *Last Name*
_____, Hutchinson, MN 55350
Street Address

do hereby authorize the McLeod County Social Services staff to furnish the Small Cities Development 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

Type of Assistance Provided: _____ Monthly Amount: \$ _____

If the above recipient receives a Child Support Bonus Payment, please give the monthly amount:
\$ _____

Is this payment? Regular or Sporadic

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

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

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 _____ **Date:** _____

Title:

Phone:

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