
**REHABILITATION PROGRAM
PENSION/RETIREMENT VERIFICATION**

Part I: To be completed by Applicant

Complete name & address of company from which pension/retirement is received:

(Company Name)

(Phone)

(Address)

I, _____ living at
(First Name) (Last Name)

_____, Hutchinson, MN 55350
(Street)

do hereby give authorization to furnish the requesting party information regarding my pension or retirement monthly payment made to me. This information is required for income verification for application for a housing rehabilitation program. The information you provide will be private and only used in establishing eligibility.

(Signature)

(Date)

Part II: To be completed by Company

Payment Amount: \$ _____ Issued: Monthly _____ Bi-Weekly _____ Weekly _____

Note any medical insurance deducted from monthly check \$ _____

Comments: _____

Signature & Title of Person completing this form:

(Signature)

(Title)

(Phone)

(Date)

Please return to: Judy Flemming, Hutchinson HRA, 111 Hassan St SE, Hutchinson, MN 55350 • Phone (320) 234-4251 • Fax: 320-234-4240